

Community Health Needs Assessment

CHI St. Francis Health – Breckenridge, MN
2022

Report Adopted May 2022



CHI St. Francis Health Community Health Needs Assessment

Table of Contents

Executive Summary.....	3
CHNA Purpose Statement.....	3
CommonSpirit Health Commitment and Mission Statement.....	3
CHI Health Overview.....	3
CHI St. Francis Health Overview.....	3
Community Health Needs Assessment Collaborators.....	3
Introduction.....	6
Purpose and Goals of CHNA.....	6
Community Definition.....	7
Community Description.....	8
Population.....	8
Socioeconomic Factors.....	9
Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA).....	10
Community Need Index (CNI).....	11
Unique Community Characteristics.....	12
Other Health Services.....	12
Community Health Needs Assessment Process and Methods.....	13
Assessment Data and Findings.....	14
Identified Health Needs.....	14
Prioritized Description of Significant Community Health Needs.....	15
Prioritization Process.....	15
Prioritized Significant Health Needs.....	16
Resource Inventory.....	16
Evaluation of FY20-FY22 Community Health Needs Implementation Strategy.....	18
Dissemination Plan.....	22
Written Comments.....	22
Appendices.....	22

Executive Summary

CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI St. Francis Health. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHI Health Overview

CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI St. Francis Health Overview

CHI St. Francis Health is located in Breckenridge, Minnesota, a rural community on the border with North Dakota. CHI St. Francis Health is a 25 bed critical access hospital that provides emergency services to the surrounding community, along with inpatient care, surgical and behavioral health services. CHI St. Francis Health was founded by the Franciscan Sisters of Little Falls in 1899 and remains the only provider of acute care in the two-county service area.

Community Health Needs Assessment Collaborators

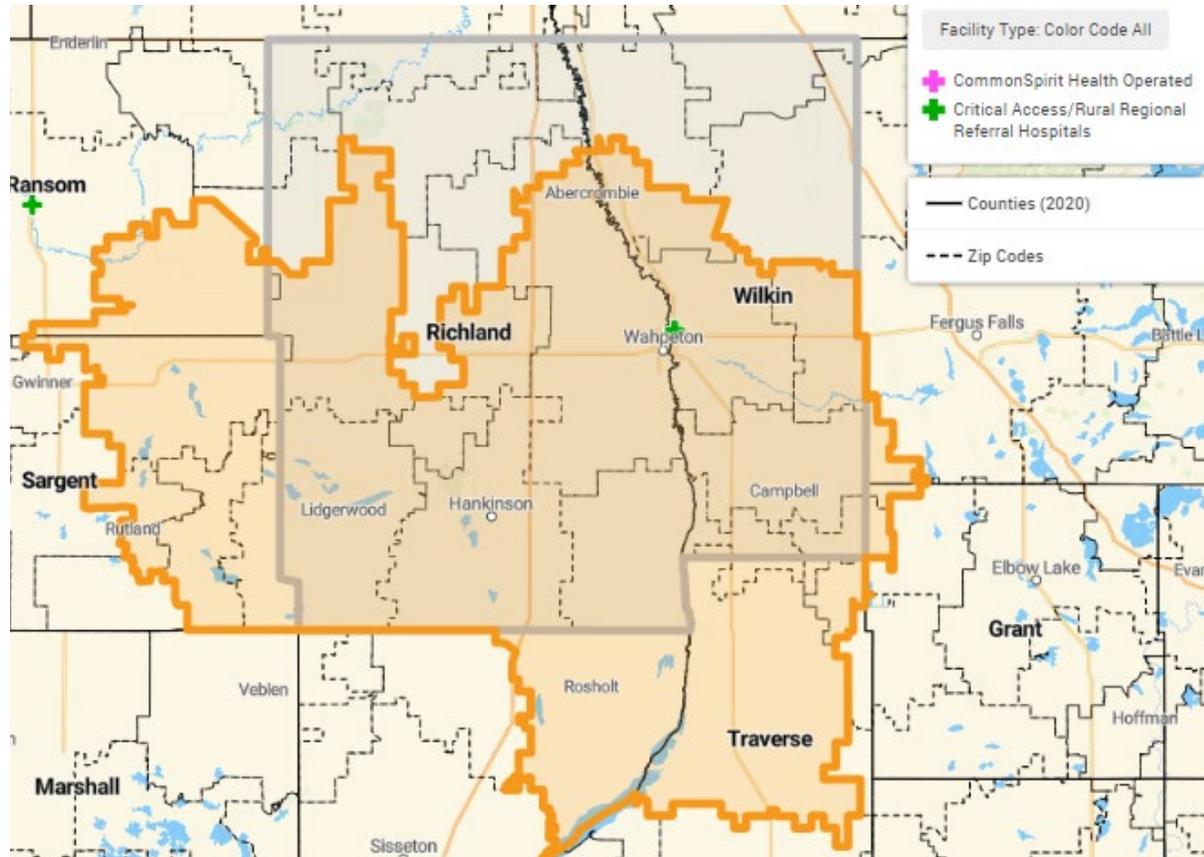
- Wilkin County Public Health
- Richland County Public Health
- Essentia Health Wahpeton Clinic
- Sanford Health Wahpeton Clinic

Community Definition

For the purposes of this CHNA, CHI St. Francis Health identified Richland County, ND and Wilkin County, MN, including the zip codes that cover 75% of patients served in calendar year 2019 (58075, 56296, 58061, 58060, 58067, 58013, 58053, 58081, 58058, 58041, 57260, 58030, 56583, 56565, 56522, 56543, 56520, 56553), as the primary service area. As a Critical Access Hospital, CHI St. Francis Health's primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis

Health is the only hospital located in Wilkin County, they also serve residents from Richland County where there are no local hospitals. Therefore, both counties (Richland and Wilkin County) were included in the CHNA community definition. See Figure 1 below.

Figure 1: CHI St. Francis Health CHNA Service Area - Richland County, ND and Wilkin County, MN¹



Assessment Process and Methods

CHI St. Francis Health conducted a CHNA process that included collection and analysis of primary and secondary data. Primary data was collected through a community health survey distributed by Sanford Health and mailed to Richland and Wilkin county residents to assess perception of healthcare quality and accessibility, the availability of affordable housing, economic opportunities, and other health-related social factors impacting health outcomes in the region.

CHI Health collected secondary data on a range of community health indicators including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health outcomes (mortality). Community health data was analyzed to discern variation from benchmarks (including comparison to peer counties, the State of North Dakota, Minnesota and U.S.) and to identify notable multi-year trends in the data.

¹ Policy Map. Accessed 3.17.22. <https://commonspirit.policymap.com/>

Process and Criteria to Identify and Prioritize Significant Health Needs

CHI St. Francis Health hosted a community engagement session on March 18th, 2022, with CHNA collaborators: Wilkin County Public Health, Richland County Public Health, Essentia Health Wahpeton Clinic and Sanford Health Wahpeton Clinic, in which a comprehensive review of primary and secondary data was conducted, along with a discussion and prioritization of top community health needs. The stakeholders provided important perspectives related to the **aging, low-income, uninsured, at-risk and vulnerable populations**, as well as **those affected by violence**.

Stakeholders providing input to the process of identifying Significant Health Needs were asked to consider various criteria, including:

- severity of the health issue
- population impacted (making special consideration to disparities and vulnerable populations)
- trends in the data
- existing partnerships
- available resources
- hospital's level of expertise
- existing initiatives (or lack thereof)
- potential for impact
- community's interest in addressing the health need (assessed by the community health survey conducted by Sanford Health)

Prioritized Significant Health Needs

- **Mental Health**
 - One in three Wilkin County 9th and 11th graders have received mental health treatment. One in five (21%) of Wilkin 11th graders have considering attempting suicide within the past year.
 - Ratio of population to mental health providers is 5,390:1 and 440:1 in Richland and Wilkin County, respectively.
- **Substance Use**
 - Nearly one in five Richland and Wilkin County residents smoke (19%, 20% respectively).
 - 22% and 24% of Richland and Wilkin County adults are excessive drinkers.
 - 19% of Wilkin 9th graders have consumed alcohol within the last 30 days.
- **Health-related Social Needs** (which may include strategies related to childcare, healthy food access, housing, transportation and employment)
 - Over half of Sanford Health community health survey respondents (59%) between the ages of 35-54 characterized access to affordable housing as 'fair' or 'poor.'
 - One in three (34%) Richland County and 41% of Wilkin County school age youth qualify for free or reduced price lunch.
 - 9.4% and 8.3% of Richland and Wilkin County residents are living in poverty.

Resources Potentially Available

Richland County in North Dakota and Wilkin County in Minnesota have community assets and resources that are potentially available to address significant health needs beyond the health systems resources. A wide range of organizations support the health and well-being of the community including health, social services, and nonprofit institutions in the areas of safety, childcare, dental health, youth development, education and transportation.² Resources include, but are not limited to: Apple Tree Dental, Breckenridge Outreach Clinics, Southeast Human Services, Twin Town Taxi, Three Rivers Crisis Center and Quitnet.

In addition, Richland and Wilkin Counties are home to over ten parks (including Tom Richels County Park, Welles Memorial Park, Aber Park, Chahinkapa Park, among others) that provide the following recreational opportunities: playgrounds, basketball and softball courts, fishing, picnic facilities, disc golf course and baseball diamonds. Recreational areas include walk/bike paths, Twin Town Stake Park, Bois De Sioux Golf Course, The Breckenridge Family Aquatic Center, Chahinkapa Zoo, Lake Elsie and Sheyenne National Grassland.³

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI St. Francis Health board in May 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office at CHI St. Francis Health. Written comments on this report can be submitted to Luke Preussler at 2400 St. Francis Dr, Breckenridge, MN 56520 or by e-mail to luke.preussler@commonspirit.org.

Introduction

Hospital Description

CHI St. Francis Health is located in Breckenridge, Minnesota, a rural community on the border with North Dakota. CHI St. Francis Health is a 25 bed critical access hospital that provides emergency services to the surrounding community, along with inpatient care, surgical and behavioral health services. CHI St. Francis Health was founded by the Franciscan Sisters of Little Falls in 1899 and remains the only provider of acute care in the two-county service area. In addition, CHI St. Francis Health provides primary and specialty care through:

- Clinics (Primary Care Walk-In Clinic, Milnor Clinic and Mental Health Clinic)
- Senior Living and Rehabilitation (St. Francis Nursing Home and Appletree Court Senior Living)

Purpose and Goals of CHNA

The purpose of this community health needs assessment (CHNA) is to identify and prioritize the significant health needs of the community served by CHI St. Francis Health. The priorities identified in this report help to guide the hospital's community health improvement programs and community

² Early Childhood Resource Guide for Service Providers. Accessed 4.19.22. <https://www.sfcare.org/content/dam/chi-st-francis-health/website/workfiles/Resource%20Guide%20Richland%20Revised%20202-2021.pdf>

³ City of Breckenridge: Area Attractions. Accessed 4.19.22. <https://www.breckenridgemn.net/area-attractions>

benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our mission of creating healthier communities. A Community Health Needs Assessment is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

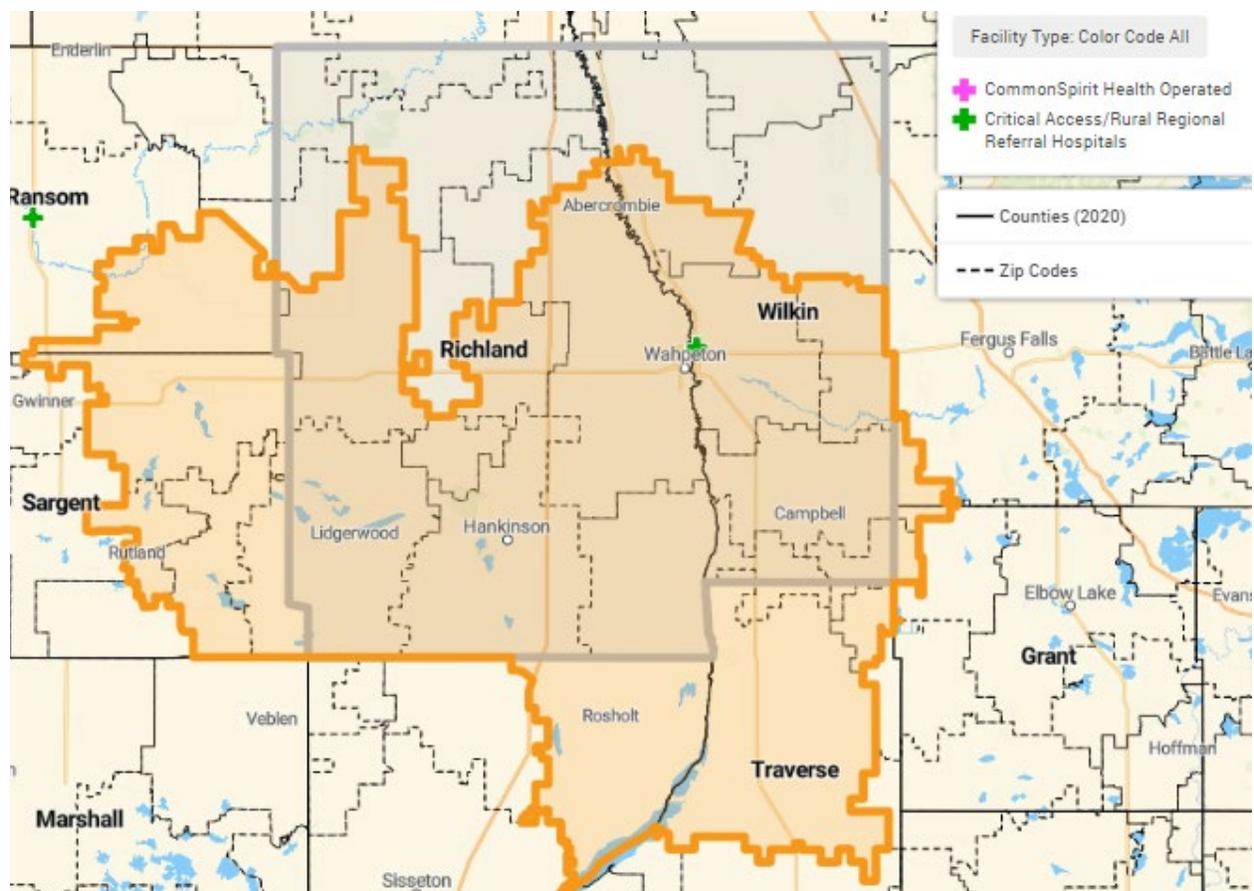
The goals of this CHNA are to:

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Community Definition

For the purposes of this CHNA, CHI St. Francis Health identified Richland County, ND and Wilkin County, MN, including the zip codes that cover 75% of patients served in calendar year 2019 (58075, 56296, 58061, 58060, 58067, 58013, 58053, 58081, 58058, 58041, 57260, 58030, 56583, 56565, 56522, 56543, 56520, 56553), as the primary service area. As a Critical Access Hospital, CHI St. Francis Health's primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis Health is the only hospital located in Wilkin County, they also serve residents from Richland County where there are no local hospitals. Therefore, both counties (Richland and Wilkin County) were included in the CHNA community definition. See Figure 1 below.

Figure 1: CHI St. Francis Health CHNA Service Area - Richland County, ND and Wilkin County, MN¹ above¹



Community Description

CHI St. Francis Health is located in Breckenridge, MN, which is a community of approximately 3,200 residents. The city of Breckenridge is located in Wilkin County, in the Red River Valley of Minnesota, which has 22 organized townships and nine cities. Major sectors of industry include: education (18.7%), manufacturing (15.6%) and healthcare and social assistance (15.1%). Adjacent to Breckenridge is the city of Wahpeton in North Dakota. Wahpeton is home to an estimated 7,800 residents. Wahpeton is located in Richland County, within the southeastern corner of North Dakota; it is bounded by Cass County on the north, Ransom and Sargent Counties on the west, the state of South Dakota on the south, and the Red River and state of Minnesota to the east. Major sectors of industry include: manufacturing (22.5%), retail trade (14.7%) and healthcare and social assistance (14.5%).⁴

Population

According to the most recent census estimates, Richland County is 52% rural, encompasses 1,436 square miles and has 16,529 residents. The population density of Richland County is estimated at 11.3 persons per square mile, which is similar to the state of North Dakota (11.0 persons per square mile). The population of Richland County is primarily non-Hispanic White, with a slightly higher percentage of residents over 65 years of age compared to the State of North Dakota (18.7%, 15.7% respectively).

⁴ U.S. Census Bureau 2015-2019 population. Accessed from Policy Map on 5.16.22. <https://commonspirit.policymap.com/newmaps/>

Wilkin County is 50.1% rural, which is more than half the state of Minnesota; it encompasses 751 square miles and has a population of 6,506. The population density of Wilkin County is 8.4 persons per square mile. Wilkin County residents are largely non-Hispanic White and the county has a slightly older population compared to the state of Minnesota (19.7% of Wilkin County residents are 65 years and older, compared to 16.3% of Minnesota residents). See Table 1 for community demographics.^{5,6}

Table 1. Community Demographics

	Richland County, ND	North Dakota	Wilkin County, MN	Minnesota
Total Population ⁵	16,529	779,094	6,506	5,706,494
Population per square mile ⁵ (density)	11.3	11.0	8.4	69.9
Total Land Area (sq. miles) ⁵	1,435.8	69,001.0	751.0	79,626.7
Rural vs. Urban ⁶	Rural (52.0% live in rural)	Urban (40.1% live in rural)	Rural (50.1% live in rural)	Urban (26.7% live in rural)
Age ⁵				
% below 18 years of age	21.9	23.6	22.5	23.1
% 65 and older	18.7	15.7	19.7	16.3
Gender ⁵				
% Female	48.4	48.8	48.0	50.2
Race and Ethnicity ⁵				
% Black or African American	1.1	3.4	0.6	7.0
% American Indian and Alaskan Native	3.1	5.6	1.8	1.4
% Asian	0.6	1.7	0.5	5.2
% Native Hawaiian/Other Pacific Islander	Z*	0.1	Z*	0.1
% Hispanic	3.6	4.1	3.1	5.6
% Non-Hispanic White	90.5	83.7	92.8	79.1

*Z = Value greater than zero, but less than half unit of measure shown.

Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by CHI St. Francis Health. The median income in Richland and Wilkin County is lower than the corresponding State average (\$61,371 in Richland County, \$64,894 in North Dakota and \$60,595 in Wilkin County, \$71,306 in Minnesota). Each county outperforms its state in high school graduation rates (90.2% in Richland County, 86.3% in North Dakota and 94.4% in Wilkin County and 86.9% in Minnesota) and percentage of uninsured adults and children.^{5,8,10}

⁵ U.S. Census Bureau Quick Facts. Accessed December 2021. <http://www.census.gov/quickfacts>

⁶ US Census Bureau, Decennial Census. 2010. Source geography: Tract

Table 2: Socioeconomic Factors

	Richland County	North Dakota	Wilkin County	Minnesota
Income Rates⁵				
Median Household Income	\$61,371	\$64,894	\$60,595	\$71,306
Poverty Rates⁵				
Persons in Poverty	10.9	10.7	9.2	9.7
Children in Poverty ⁷	10.3	11.4	16.0	12.2
Employment Rate²				
Unemployment Rate	1.8	2.3	2.0	2.5
Education/Graduation Rates⁸				
High School Graduation Rates	90.2	86.3	94.4	86.9
Some College ⁹	21.7	22.3	20.0	21.0
Insurance Coverage⁵				
% of Population Uninsured	3.4	7.4	2.3	4.5
% of Uninsured Children (under the age of 18) ¹⁰	2.5	7.5	2.6	3.4

Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

Richland and Wilkin Counties have six designated Health Professional Shortage Areas (HPSA) including primary care, dental health, and mental health disciplines. The six designated HPSA sites with scores ranging from 11 to 21 on a scale from 0- 26, in which a higher score indicates a higher need, or greater shortage. Richland and Wilkin Counties have two designated Medically Underserved Areas (MUA). The score for the designated MUA’s in Richland and Wilkin County are 46.9 and 59.2, respectively on a scale ranging from 0- 100.^{11, 12}

Richland and Wilkin Counties are designated Health Professional Shortage Areas in the following disciplines:

County	Discipline	HPSA Name	HPSA Score*
	Primary Care	Hankinson_Lingerwood	16
	Primary Care	Wahpeton Health Center (Tribally Run and Funded by BIA)	16

⁷ US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

⁸ US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District

⁹ U.S. Census Bureau. American Community Survey, 5- year estimates. 2019-2019. Accessed from County Health Rankings at <https://www.countyhealthrankings.org/>

¹⁰ Kids County Data Center. Accessed 3.17.22. <https://datacenter.kidscount.org/data/tables/1768-children-in-poverty>

¹¹ Health Resources and Services Administration: Health Professional Shortage Area Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

¹² Health Resources and Services Administration: Medically Underserved Area Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/mua-find>

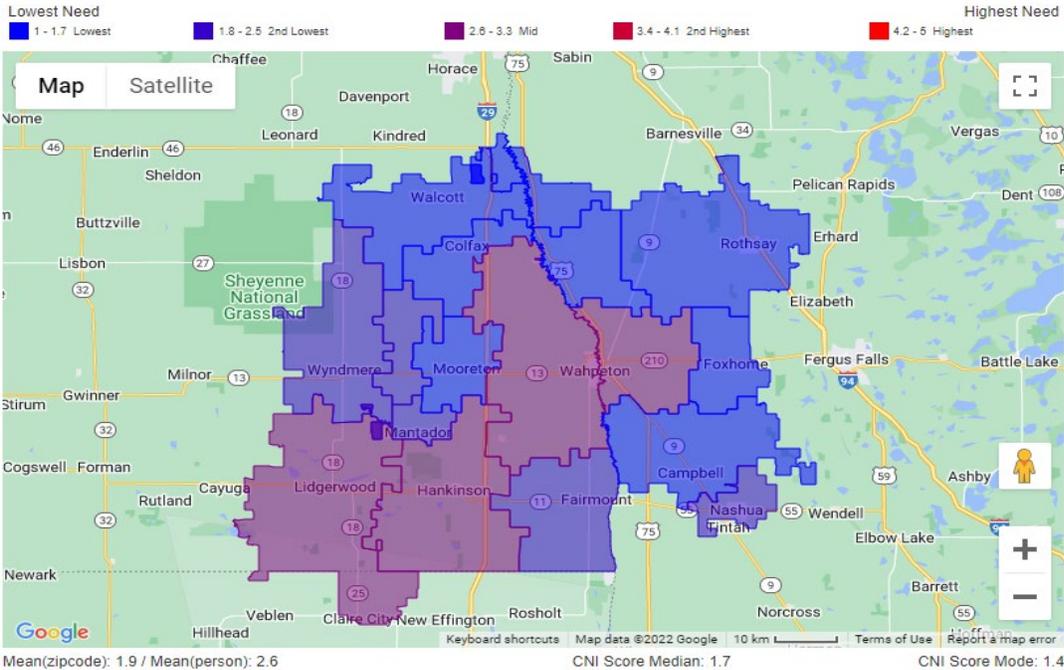
Richland	Dental Health	Wahpeton Health Center (Tribally Run and Funded by BIA)	21
	Mental Health	Wahpeton Health Center (Tribally Run and Funded by BIA)	12
Wilkin	Primary Care	Wilkin County	14
	Mental Health	Region 4 Service Area	11

*HPSA scores are assigned on a scale ranging from 0-26, in which a higher score indicates a greater need or potential barrier to accessing care.

Community Need Index (CNI)

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. Richland County has an overall mean zip code score of 2.0 on the scale. There are four zip codes (58041, 58053, 58075, 58076) that have scores in the mid-range. Wilkin County’s overall mean zip code score is 1.7, with just one zip code in the mid-range (56520).¹³

Figure 3: Richland and Wilkin Counties Community Need Index Map¹³



¹³ Community Needs Index. 2022. Accessed March 2022. <http://cni.dignityhealth.org>

Zip Code	CNI Score	Population	City	County	State
58001	1.6	158	Abercrombie	Richland	North Dakota
58008	2	225	Barney	Richland	North Dakota
58015	1.2	349	Christine	Richland	North Dakota
58018	1.2	335	Colfax	Richland	North Dakota
58030	1.8	646	Fairmount	Richland	North Dakota
58041	2.6	1575	Hankinson	Richland	North Dakota
58053	3	1136	Lidgerwood	Richland	North Dakota
58058	2.2	122	Mantador	Richland	North Dakota
58061	1.4	393	Mooreton	Richland	North Dakota
58075	3.2	8873	Wahpeton	Richland	North Dakota
58076	3	203	Wahpeton	Richland	North Dakota
58077	1	848	Walcott	Richland	North Dakota
58081	1.8	821	Wyndmere	Richland	North Dakota
56520	3.2	3835	Breckenridge	Wilkin	Minnesota
56522	1.6	505	Campbell	Wilkin	Minnesota
56543	1.4	219	Foxhome	Wilkin	Minnesota
56553	1	226	Kent	Wilkin	Minnesota
56565	1.8	103	Nashua	Wilkin	Minnesota
56579	1.4	1007	Rothsay	Wilkin	Minnesota
56594	1.4	538	Wolverton	Wilkin	Minnesota

Unique Community Characteristics

Wilkin and Richland Counties are home to many agricultural businesses and family farms. Agribusinesses include Cargill and Minn- Dak Farmer’s Cooperative. Other major employers include Bobcat, Flex TM, Will- Rich, PrimeBoard, ComDel Innovation and CHI St. Francis Health.

Other Health Services

Health systems in the area are listed below and a full list of resources within the community can be found in the Resource Inventory (Table 5).

- Essentia Health Wahpeton Clinic
- Sanford Health Wahpeton Clinic

Essentia Health is a health system serving patients in Minnesota, Wisconsin, and North Dakota. Headquartered in Duluth, Minnesota, Essentia Health employs 14,100 employees, including more than 2,100 physicians and advanced practitioners. The organization has 14 hospitals, 71 clinics, six long-term care facilities, three assisted living facilities, three independent living facilities, six ambulance services, 20 retail pharmacies, and one research institute.¹⁴

Sanford Health, one of the largest health systems in the United States, is headquartered in Sioux Falls, South Dakota. The organization includes 46 hospitals, 1,525 physicians and more than 200 Good Samaritan Society senior care locations in 26 states and 10 countries. Sanford Health community includes 46 medical centers 224 clinic locations, 233 senior living communities, 158 skilled nursing and rehab facilities, 42 affordable housing locations, 216,000 Sanford Health Plan members, and 47,757 employees (1,525 physicians, 1,214 advanced practice providers and 8,716 registered nurses delivering care in more than 80 specialty areas).¹⁵

¹⁴ Essentia Health. Accessed April 2022. <https://www.essentiahealth.org/>

¹⁵ Sanford Health. Accessed April 2022. <https://www.sanfordhealth.org/>

Community Health Needs Assessment Process and Methods

CHI St. Francis Health conducted a CHNA process that included collection and analysis of primary and secondary data from publicly available sources. Primary data was collected through a community health survey distributed by Sanford Health and mailed to Richland and Wilkin county residents to assess perception of healthcare quality and accessibility, the availability of affordable housing, economic opportunities, and other health-related social factors impacting health outcomes in the region.

Community Health Survey

Sanford Health conducted a mailed survey of 97 households in Wilkin and Richland counties between December 2020- February 2021. Response rate for the survey was not made available. The survey assessed perception of quality and accessibility of healthcare, affordable housing, economic opportunities, and other health-related social factors impacting health outcomes in the region.

Secondary data

CHI Health collected secondary data on a range of community health indicators including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health outcomes (mortality). Community health data was analyzed to discern variation from benchmarks (including comparison to peer counties, the State of North Dakota, Minnesota and U.S.) and identify notable multi-year trends in the data.

Secondary data from a variety of publicly available data sources was collected and analyzed, including:

- Center for Applied Research and Engagement Systems, University of Missouri Extension
- Center for Disease Control and Prevention, WONDER and National Vital Statistics System
- Centers for Medicare and Medicaid Services
- Community Need Index, Dignity Health
- County Health Rankings
- Kids Count Data Center
- Policy Map
- U.S. Census Bureau, Quick Facts
- 2019 Minnesota Student Survey County Tables
- 2019 Minnesota Student Survey Statewide Tables
- 2021 North Dakota High School YRBS
- 211 Counts Data Center

Community Engagement Session

The following agencies were represented at the March 18th, 2022 meeting where a comprehensive review of primary and secondary data was conducted, along with a discussion and prioritization of top health needs. Stakeholders from the following organizations provided important perspectives related to the **aging, low-income, uninsured, at-risk and vulnerable populations**, as well as **those affected by violence**.

CHNA Agency Participation - Meeting on March 18th, 2022:

- CHI St. Francis Health

- Essentia Health Wahpeton Clinic
- Richland Public Health Department
- Sanford Health Wahpeton Clinic
- Wilkin County Public Health Department

Assessment Data and Findings

Identified Health Needs

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health St. Francis, please refer to Appendix A-C. In addition, specific data and rationale for the prioritized health needs are included below in Table 3.

Table 3: Identified Health Needs in Richland and Wilkin Counties

HEALTH NEED	Supporting Data/ Rationale
Access to Care	<ul style="list-style-type: none"> ● The majority of Community Health Survey respondents rated their access to healthcare services as good. Higher income was associated with greater satisfaction. ● Key stakeholders identified clinic hours may be a barrier for working families. ● Ratio of population to primary care providers in Richland County is 2,030:1 and 1,635:1 in Wilkin County. ● Ratio of population to dentists is 1,470: 1 and 3,100 in Richland and Wilkin County, respectively. ● 7% and 5% of Richland and Wilkin County adults, respectively, are uninsured.
Cancer	<ul style="list-style-type: none"> ● Cancer is the second leading cause of death in both counties <ul style="list-style-type: none"> ○ Richland County age- adjusted death rate: 131.9 per 100,000 people ○ Wilkin County age-adjusted death rate: 162.3 per 100,000 people ● Wilkin county age- adjusted cancer death rate is higher than both the US and Minnesota state average. ● Mammography screening rate among female beneficiaries is 44% in Richland and 39% in Wilkin Counties.
Health- related social needs- childcare, food, housing, transportation and employment	<ul style="list-style-type: none"> ● 16% of Sanford Health community health survey respondents are not satisfied with the quality of childcare in their area. ● Over half of community health survey respondents (59%) between the ages of 35-54 characterized access to affordable housing as 'fair' or 'poor.' ● 64% of respondents between the ages of 18-34 and 59% of respondents 55 years or older rated access to affordable housing as 'good,' 'very good' or 'excellent.' ● One in three (34%) Richland County and 41% of Wilkin County school age youth qualify for free or reduced price lunch. ● 9.4% and 8.3% of Richland and Wilkin County residents are living in poverty.
Mental Health	<ul style="list-style-type: none"> ● Student reported anxiety and depression has increased over the past ten years in North Dakota. ● Rate of poor mental health days have increased (Wilkin 3.0 to 3.8 and Richland 2.6 to 3.6).

	<ul style="list-style-type: none"> ● One in three Wilkin County 9th and 11th graders have received mental health treatment. One in five (21%) of Wilkin 11th graders have considering attempting suicide within the past year. ● Ratio of population to mental health providers is 5,390:1 and 440:1 in Richland and Wilkin County, respectively.
Obesity	<ul style="list-style-type: none"> ● One in three people (30%) in Richland County and one quarter (25.7%) in Wilkin County are considered obese. <ul style="list-style-type: none"> ○ Rate has increased significantly in both counties over the past fifteen years. ● 22.5% adults physically inactive in Wilkin County, compared to 23.8% in Richland County.
Substance Abuse	<ul style="list-style-type: none"> ● Nearly one in five Richland and Wilkin County residents smoke (19%, 20% respectively). ● 22% and 24% of Richland and Wilkin County adults are excessive drinkers. ● 19% of Wilkin 9th graders have consumed alcohol within the last 30 days.
Violence	<ul style="list-style-type: none"> ● In Wilkin the violent crime rate is 101 per 100,000 population. <ul style="list-style-type: none"> ○ The average for Minnesota is 263 per 100,000 population. ● In Richland the violent crime rate is 129 per 100,000 population. <ul style="list-style-type: none"> ○ North Dakota's average is 258 per 100,000 population.

Prioritized Description of Significant Community Health Needs

Prioritization Process

CHI St. Francis Health hosted a community engagement session on March 18th, 2022, with CHNA collaborators: Wilkin County Public Health, Richland County Public Health, Essentia Health Wahpeton Clinic and Sanford Health Wahpeton Clinic, in which a comprehensive review of primary and secondary data was conducted, along with a discussion and prioritization of top community health needs. The stakeholders provided important perspectives related to the **aging, low-income, uninsured, at-risk and vulnerable populations**, as well as **those affected by violence**.

Stakeholders representing the local public health departments of Richland and Wilkin Counties, Essentia Health, Sanford Health and CHI St. Francis Health were asked:

- What stood out to you from the information presented? What surprised you?
- Which data points or themes are consistent with what you are seeing/ hearing from the clients/ patients you serve?
- Is there anything we haven't touched on that you feel is an unmet health need?
- What existing assets/ opportunities can we leverage to improve physical/ mental health and wellbeing in Richland and Wilkin Counties?

See Figure 4 for a synopsis of key themes from the March 18, 2022 CHNA data presentation and discussion.

Figure 4: Question: What stood out to you from the information presented? What surprised you?

Question: What stood out to you from the information presented? What surprised you?

Access to Care– lack of primary care providers in Wilkin County - appointment availability and clinic accessibility for working adults Broadband access for telehealth appointments , e-learning for people living in poverty
Mental Health- 9th graders experiencing poor mental health - anxiety and depression -Large increase in tele-psych; down a BH provider
Childcare issues – in particular, nontraditional childcare hours
Transportation- in particular to clinics
Preventive Care- fair number of people are not having yearly follow-up (annual visits)

Upon completion of the group discussion, participants engaged in a voting process to prioritize the top health needs for Richland and Wilkin Counties. Stakeholders were asked to consider the following criteria when voting on the Significant Health Needs:

- severity of the health issue
- population impacted (making special consideration to disparities and vulnerable populations)
- trends in the data
- existing partnerships
- available resources
- hospital’s level of expertise
- existing initiatives (or lack thereof)
- potential for impact
- community’s interest in addressing the health need (assessed by the community health survey conducted by Sanford Health)

Prioritized Significant Health Needs

Stakeholders discussed a wide array of health needs including, but not limited to those summarized in Table 3, and through a consensus process facilitated by online polling, selected the following three prioritized health needs shown in Table 4.

Table 4. Prioritized Significant Health Needs for Richland and Wilkin Counties

Prioritized Health Needs
Mental Health
Substance Use
Health Related Social Needs (Strategies may address Food, Childcare, Housing, Transportation and Employment)

Resource Inventory

Table 5 represents a list of resources available in Richland and Wilkin Counties for each health need identified in Table 3.

Table 5. Wilkin & Richland County Health Asset and Resource Inventory

Identified Health Need	Assets/Resources to Address the Health Need
Access to Care	<ul style="list-style-type: none"> ● CHI St. Francis Health ● Essentia Health Wahpeton Clinic ● Richland Public Health Department ● Sanford Health Wahpeton Clinic ● Wilkin County Public Health Department
Cancer	<ul style="list-style-type: none"> ● CHI St. Francis Health (diagnosis and treatment) ● Richland Public Health Department (screening) ● Wilkin County Public Health Department (screening)
Dental	<ul style="list-style-type: none"> ● Apple Tree Dental ● Children’s Dental Services
Health- related social needs (childcare, food, housing, transportation, etc.)	<ul style="list-style-type: none"> ● Wilkin County Public Health (Transportation Program) ● Twin Town Taxi ● Red River Cab Company ● Transit Alternatives – Otter Express Public Transportation Service ● Senior Citizen Bus ● West Central Community Action Programs (WCMCA) <p>CHILDCARE</p> <ul style="list-style-type: none"> ● Crossroads Program ● Child Care Assistance Program ● Steering Committee ● Child Care Aware ● Wilkin County Public Health does Licensing
Mental Health	<ul style="list-style-type: none"> ● Hope Unit ● Southeast Human Services ● MN Mobile Crisis Response Team ● Sanford Health Clinic (psychiatrist, tele-IHT) ● School Counseling Services ● Local Ministry ● Adult Mental Health Advisory Council ● Social Club “A Place for Friends” ● Substance Abuse Stakeholders group (subcommittee) ● Integrating Behavioral Health programs ● Solutions Counseling Services, Inc. ● Birchwood Therapeutic Services ● Lutheran Social Services of ND ● Three Rivers Crisis Center ● Mobil Mental Health Crisis Team- Wilkin ● Essentia- Mental Health Worker ● Wilkin County Family Services- Rule 79 case management and community support
Obesity	<ul style="list-style-type: none"> ● ACTIVE Task Force ● The Farm at St. Francis ● CHI St. Francis Health Bariatric/ Weight Control Services ● Essentia Health Wahpeton Clinic- obesity/ weight management program ● Richland Public Health Department- nutrition consultation

	<ul style="list-style-type: none"> ● Sanford Health Wahpeton Clinic- obesity/ weight management program ● Wilkin County Public Health Department- nutrition consultation
Substance Abuse	<ul style="list-style-type: none"> ● Life Transformations ● Southeast Human Services ● Substance Use Task Force ● Medication Take-Back programs ● Minnesota Office of Rural Health ● Richland County Health Department (Tobacco prevention program) ● Wilkin County Public Health (Health Promotion Program) ● ND Quits/Quitnet ● Medicaid Program ● Wilkin County Family Services has a SUD worker for assessment and care coordination
Violence	<ul style="list-style-type: none"> ● Richland County Health Department (Safe Communities) ● Ambulance Service ● Child Protection ● Someplace Safe ● Three Rivers Crisis Center ● Family Footprints, administered through CHI St. Francis Health

Evaluation of FY20-FY22 Community Health Needs Implementation Strategy

The previous CHNA for CHI St. Francis Health was conducted in 2019. Table 6 illustrates the progress and impact made in CHI St. Francis Health’s previous implementation strategy to address priority community health needs.

Table 6. FY20-FY22 CHI St. Francis Health Implementation Plan Review

Priority #1: Behavioral Health
<p>Goal: Develop a consistent and comprehensive approach to addressing substance use/abuse in the Wilkin and Richland County community.</p>
<p>Strategy & Scope: Develop a plan for transportation of individuals needing inpatient services for mental health and/or chemical dependency crises by June 2020.</p>
<p>Community Indicators:</p> <ul style="list-style-type: none"> • 90% of survey respondents reported have at least one drink or more in the past 30 days. • Survey respondents report 51% binge drinking within the past 30 days. • The number of mental health providers is significantly less than the state or national averages in both Wilkin and Richland counties. • 99% of survey respondents report having some mental health diagnosis in the past, with 50% reporting anxiety, 42% reporting depression, 15% reporting panic attacks, and 7% reporting other mental health diagnosis. (Some respondents reported more than one mental health diagnosis). • There are no inpatient behavioral health treatment facilities in our community, and bed availability in those communities that have treatment facilities is very limited. It can often take up to 6 to 8 hours to find placement for an individual needing services.
<p>Key FY20-22 Activities:</p> <ul style="list-style-type: none"> • Due to COVID-19 pandemic response, the substance abuse task force disbanded. • CHI St. Francis Health offers chemical dependency outpatient treatment through the Hope Unit department. One full-time psychiatrist is on staff at the Hope Unit at St. Francis, as well as one full-time psychologist and one part-time psychologist who sees primarily children. E- psychiatry services are available in the Emergency Room at CHI St. Francis Health. • Hope Unit continued to serve patients through telehealth services throughout the COVID-19 pandemic. • Recruiting a Chemical Dependency (CD) counselor and psychiatrist to the Hope Unit. The CD counselor role was vacated in late 2019 and continues to be unfilled.
<p>Key FY20-22 Measures:</p> <p><u>FY2020</u></p> <ul style="list-style-type: none"> • # of Hope Unit visits: 2,745 • # of Hope Unit unique patients served: 502
<p><u>FY2021</u></p> <ul style="list-style-type: none"> • # of Hope Unit visits: 1,936 • # of Hope Unit unique patients served: 376
<p><u>FY2022 Year to Date (July 2021- May 19, 2022)</u></p> <ul style="list-style-type: none"> • # of Hope Unit visits: 721 • # of Hope Unit unique patients served: 258

Related Activities:

- Disposal of unused medication programs established in each county.
- A MN Mobile Crisis Response Team is able to respond to the hospital to assist patients not in need of inpatient treatment.
- The Substance Use/Abuse task force broadened their focus to include mental health issues.
- Sanford Health Clinic employs two psychologists, and there are limited independent psychologists and counselors in the community.
- Each of the schools also has counseling services available, at least on a part-time basis.
- Members of the local ministerial community are available for counseling.
- Southeast Human Services offers limited counseling and chemical dependency services in Richland County two days per week.
- Wilkin County has established an Adult Mental Health Advisory Council.
- A social club, "A Place for Friends", has been established in Wilkin County for those who are diagnosed with SPMI (severe and persistent mental illness).

Priority #2: Childcare

Goal: Identify the issues and contributing factors related to child care in the Richland-Wilkin Community.

Strategy & Scope: The Childcare Steering Committee will continue to work with the day care licensing agencies and other community resources to determine what issues are incorporated in the community's expressed concern regarding child care. Once the issues are determined, the goals and objectives can be set.

Community Indicators:

- The Child Care Provider survey demonstrated:
- In business for 10 or more years.
- Most are not at capacity by choice or regulatory mandates.
- There is a waiting list in Wilkin County, but not in Richland County.
- Majority of providers expect to be in business for 2-5 years.
- The number of child care providers in the community has decreased significantly over the past 20 years.

Biggest challenges for providers include:

- Dealing with parents.
- Paperwork and regulations.
- Staffing.

Biggest challenge for parents include:

- Back-up coverage.
- Newborn Services.
- Affordability.

Key FY20-22 Activities:

- Due to COVID-19 pandemic response, the childcare task force disbanded.
- CHI St. Francis continued to operate Family Footprints, a home visitation program for youth and families at risk of violence and suboptimal child development due to socioeconomic factors.

<p>Measures:</p> <ul style="list-style-type: none"> • Family Footprints, home visitation program provided approximately 400-450 home visits annually in FY20-22. • In 2021, Family Footprints completed 413 visits. 80% of parents demonstrated an increase in parenting knowledge and skills through achieving the child's established developmental milestones benchmarks between 1.5 and 36 months assessment.
<p>Priority #3: Obesity</p>
<p>Goal: Reduce the incidence of adult obesity in Richland and Wilkin counties by 5% by 2025.</p>
<p>Strategy & Scope: Form a working group to plan, implement and evaluate a Farm at CHI St. Francis Health.</p>
<p>Community Indicators:</p> <ul style="list-style-type: none"> • Approximately 30% of adults in our community are obese. • Physical inactivity is a factor for 26% of adults in our area. • 45% of the respondents report eating less than 5 servings of fruits and vegetables per day with 64% having less than 3 servings of vegetables, 72% having one or less servings of juice, and 76% having less than 3 servings of fruit.
<p>Key FY20-22 Activities:</p> <p><u>FY2020</u></p> <ul style="list-style-type: none"> • Work group formed with stakeholders from Wilkin County Public Health, the Richland-Wilkin Emergency Food Pantry, PartnerSHIP 4 Health, Sustainable Farming Association of Minnesota, and local producers. Monthly meetings were initiated in 2019 to develop a farm concept to address the intersection of low socioeconomic status and obesity prevalence, as well as support agricultural entrepreneurship, particularly among farmers from underrepresented racial/ ethnic backgrounds. •
<p><u>FY2021</u></p> <ul style="list-style-type: none"> • Applied for Mission and Ministry Fund grant to launch the Farm at St. Francis.
<p><u>FY2022</u></p> <ul style="list-style-type: none"> • Received a \$433k Mission and Ministry fund grant to implement the Farm at St. Francis. • Hired a FT Project Coordinator and contracted with University of Minnesota for program evaluation. • Assessed consumer preferences for culturally relevant produce through a consumer survey. • Installed a high tunnel.
<p><u>Planned for FY2023:</u></p> <ul style="list-style-type: none"> • Cultivate ½ acre of produce in fall 2022; the majority of food produced will be routed to the local food pantry. • Implement farm to hospital nutrition services program to serve patients locally- sourced produce and implement a community- supported agriculture (CSA) program for CHI St. Francis Health staff. • Establish a Food Hub with North Central Sustainable Agriculture Research and Education (SARE) and convene partners for sustainability planning. • Install a greenhouse and upgrade the irrigation system.
<p>Measures:</p> <ul style="list-style-type: none"> • Funds raised to implement the Farm at St. Francis: \$433,000

Related Activities:

- CHI St. Francis has established garden plots on site with access to water.
- Local clinics have obesity management programs in place to address obesity with their patients through the primary care providers. This includes nutrition consultation, which is also available through the Public Health Departments.
- Several organizations sponsor numerous walk/runs and other physical activity events throughout the year, including indoor venues during the winter months. Participation in these events appears to be increasing.
- Schools in the area have implemented programs to encourage healthy lifestyles for their students.

Dissemination Plan

The CHI St. Francis Health CHNA report will be posted online at <https://www.sfcare.org/en/our-community/community-health-needs.html>.

Written Comments

CHI St. Francis Health invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Appendices

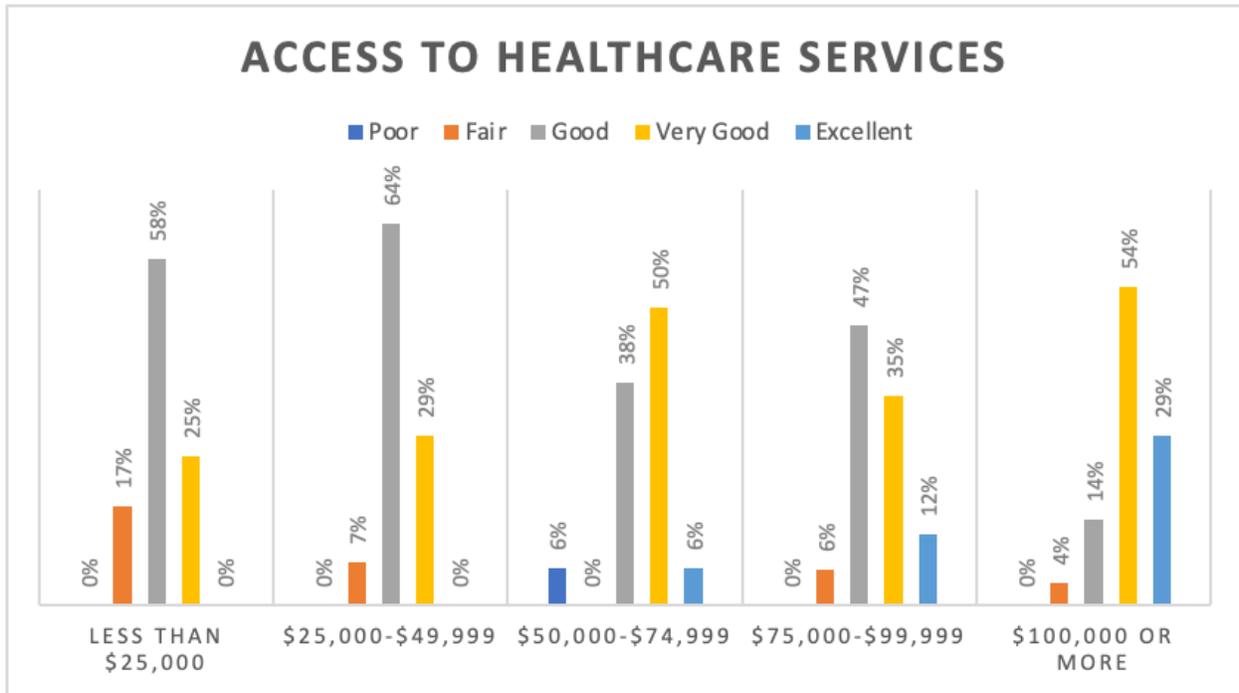
A. [Sanford Health Community Health Survey: Key Findings](#)

Sanford Health conducted a community health survey via mail distribution to assess the perception of quality and accessibility of healthcare, affordable housing, economic opportunities, and other health-related social factors impacting health outcomes in the region. Ninety-seven households were surveyed between December 2020- February 2021.

Sanford Community Health Survey: Wilkin County, MN and Richland County, ND

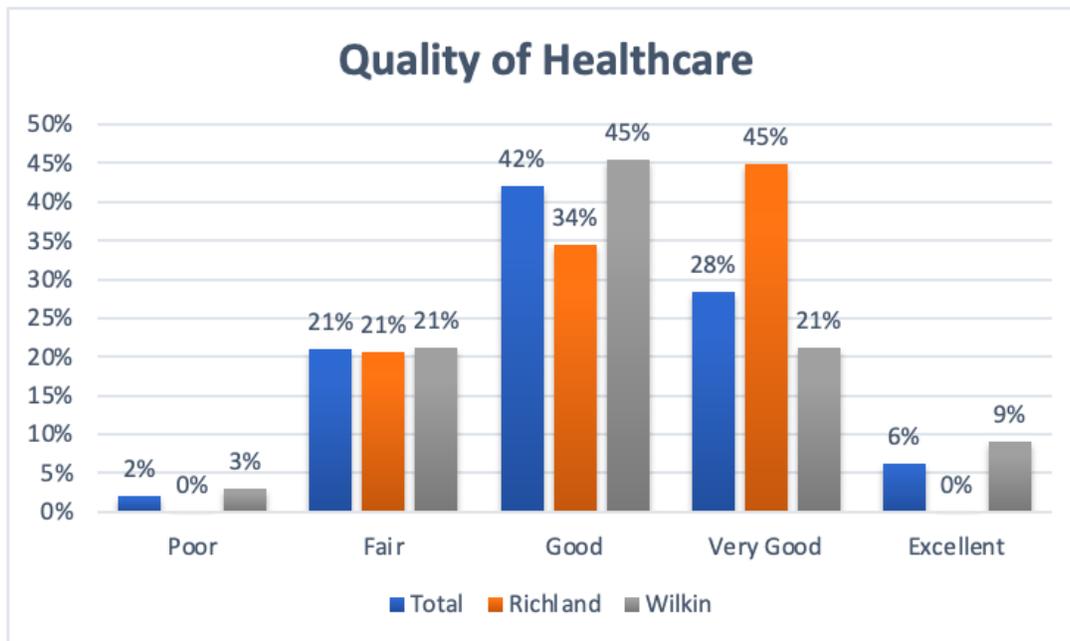
Sanford Health in Wahpeton, ND conducted a community survey of 97 households in Wilkin County, MN and Richland County, ND between December 2020- February 2021. Residents in the two- county CHNA service area were asked 29 questions to rank quality and accessibility of factors known to impact health outcomes, such as: *healthcare, childcare, affordable housing, transportation, employment, nutritious food and physical activity* amenities. Demographic data collection allowed for response stratification by county of residence, age, gender, race, household income and educational attainment. The full Community Health Survey findings may be furnished upon request. Key findings are presented below.

Figure 1. Access to Healthcare



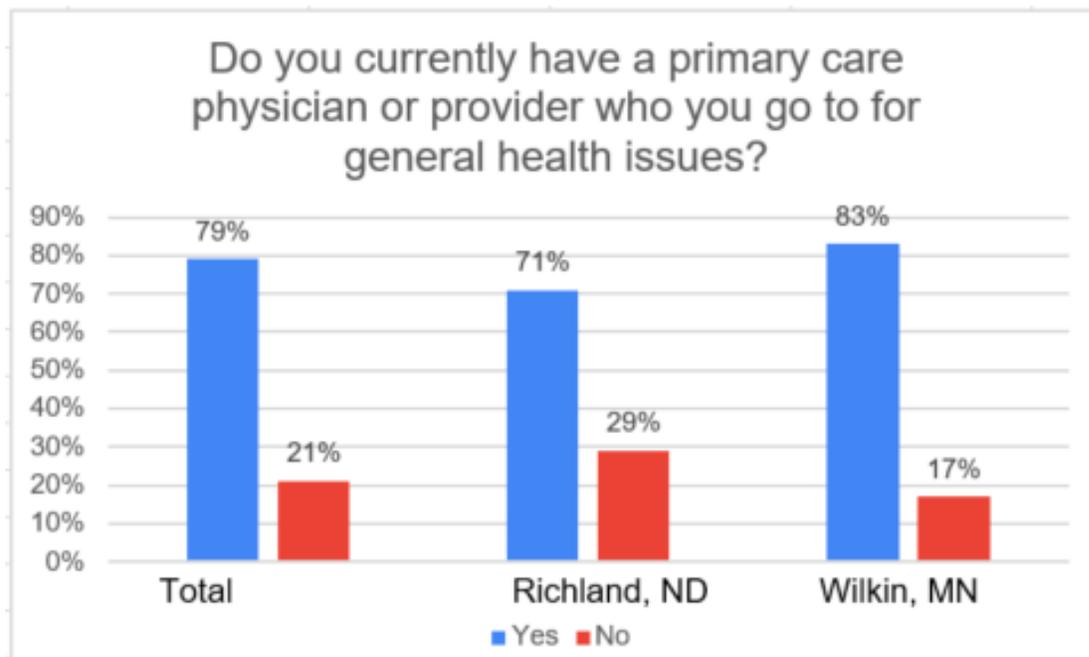
Only survey respondents in the top three income brackets rated their access to healthcare services as excellent (nearly one in three respondents (29%) with a household income of \$100,000 or more). Unsurprisingly, individuals in the lowest household income bracket (making less than \$25,000) had a moderately favorable view of healthcare access; 83% ranked their healthcare access as “good” or “very good.”

Figure 2. Healthcare Quality



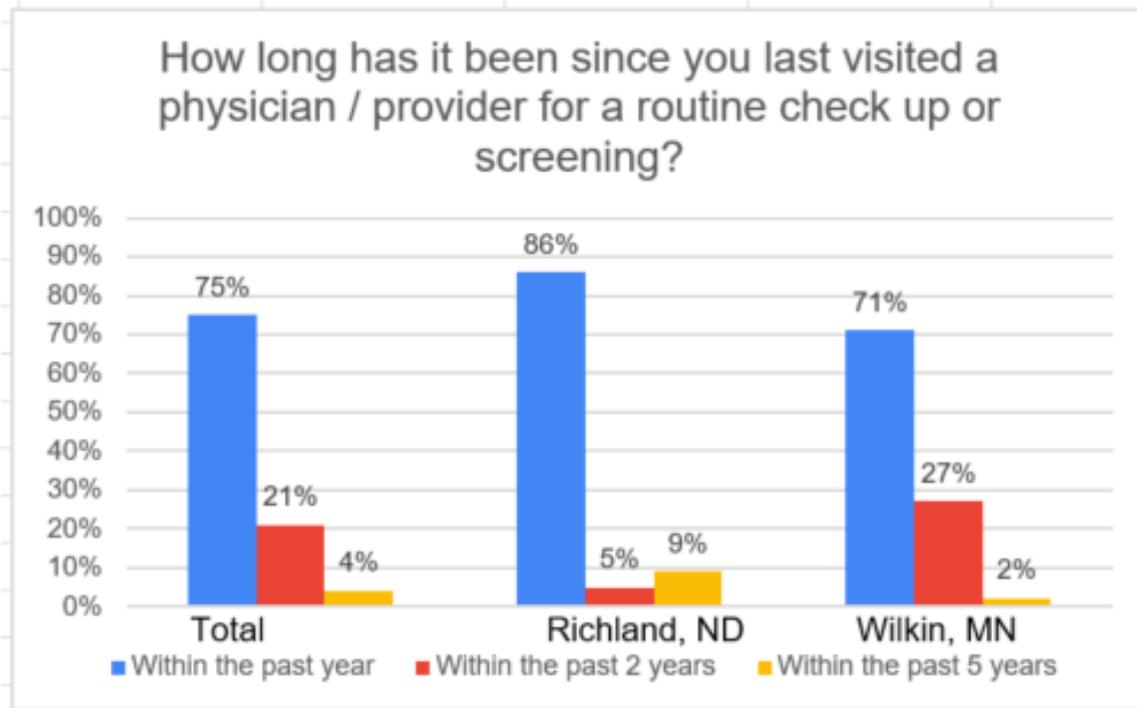
The majority of Richland and Wilkin County residents are satisfied with the quality of their healthcare, denoted by “good, very good, or excellent” responses (79% in Richland, 75% in Wilkin).

Figure 3. Primary Care Physician



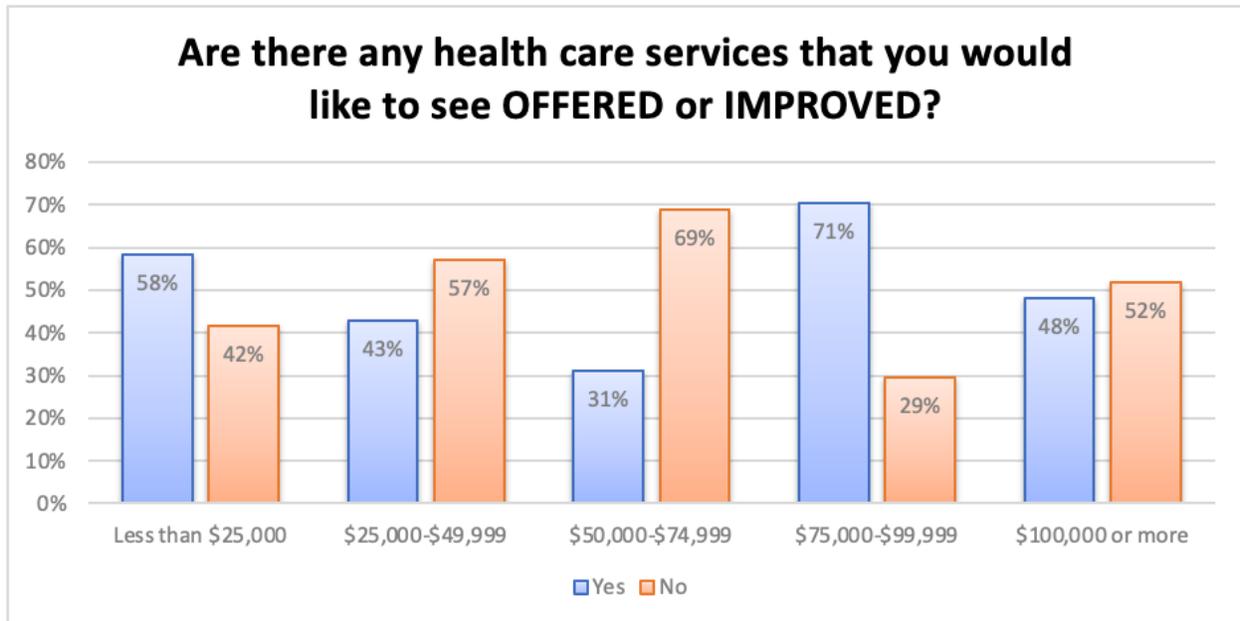
One in five (21%) of respondents in the two county area do not have a primary care provide and almost one in three respondents (29%) in Richland County do not have a primary care medical home.

Figure 4. Duration Since Last Routine Check Up or Health Screening



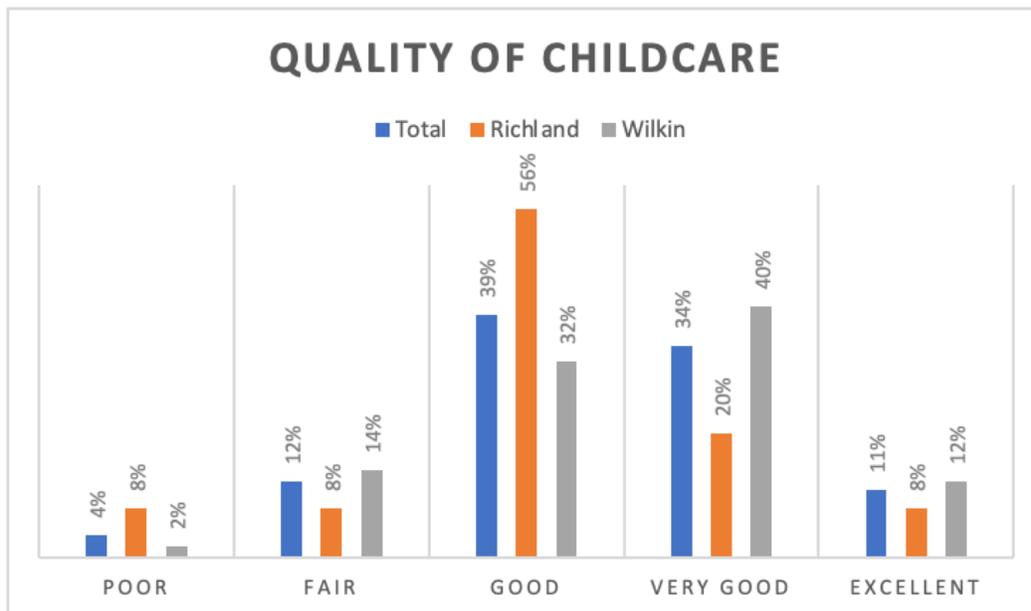
Three quarters (75%) of Richland and Wilkin County respondents have accessed preventive healthcare services in the past year. In Wilkin County, 27% of respondents accessed preventive care in the last two years and 9% of Richland County respondents have not received a routine check-up or health screening within the past five years.

Figure 5. Healthcare Services to be Offered or Improved



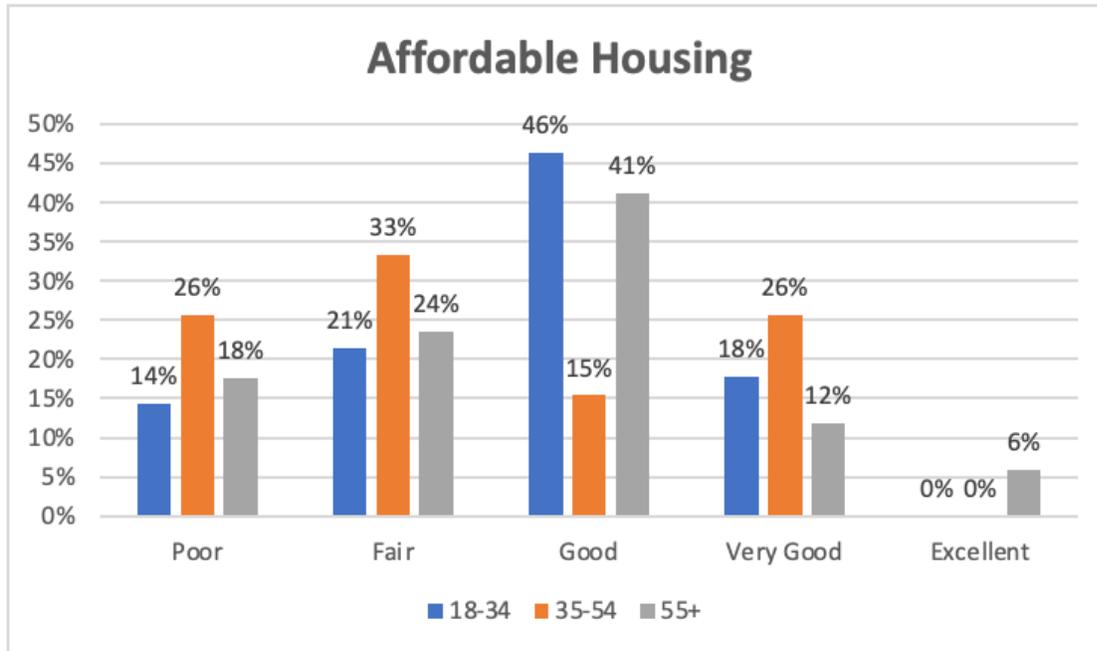
Survey responses were varied in response to a binary question regarding if there were any health care services that respondents would like to see offered or improved. The greatest support for the status quo (no improvements need or additional services offered) was observed within the \$50,000- \$74,999 household income bracket (69% of individuals in that income category answered 'no'). The greatest opportunity for health care service offerings or improvement was reported among individuals conversely in the second highest income bracket (71% answered 'yes' in the \$75,000- \$99,999 category) and lowest household income bracket (58% in households with incomes less than \$25,000).

Figure 6. Childcare Quality



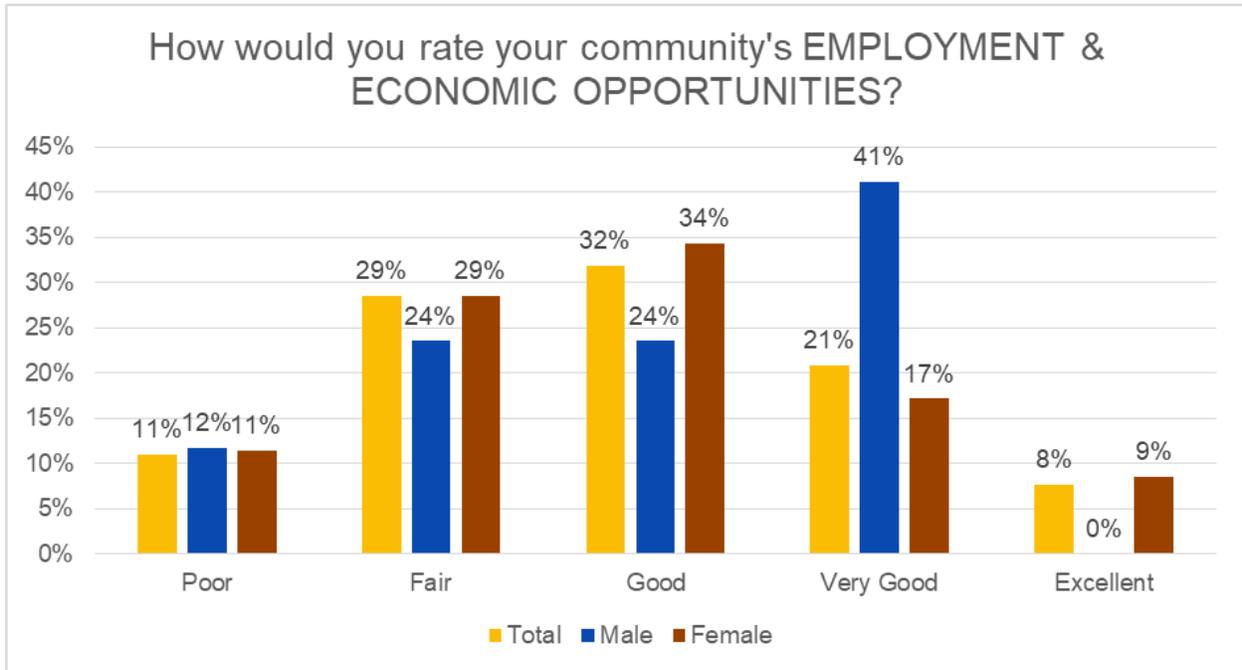
The majority of residents in both Richland and Wilkin Counties are satisfied with the quality of childcare in their area, denoted by a 'good,' 'very good' or 'excellent' response (84% in Richland, 82% in Wilkin). Within both counties 16% of respondents are not satisfied with the quality of childcare (respondents answered 'poor' or 'fair').

Figure 7. Access to Affordable Housing



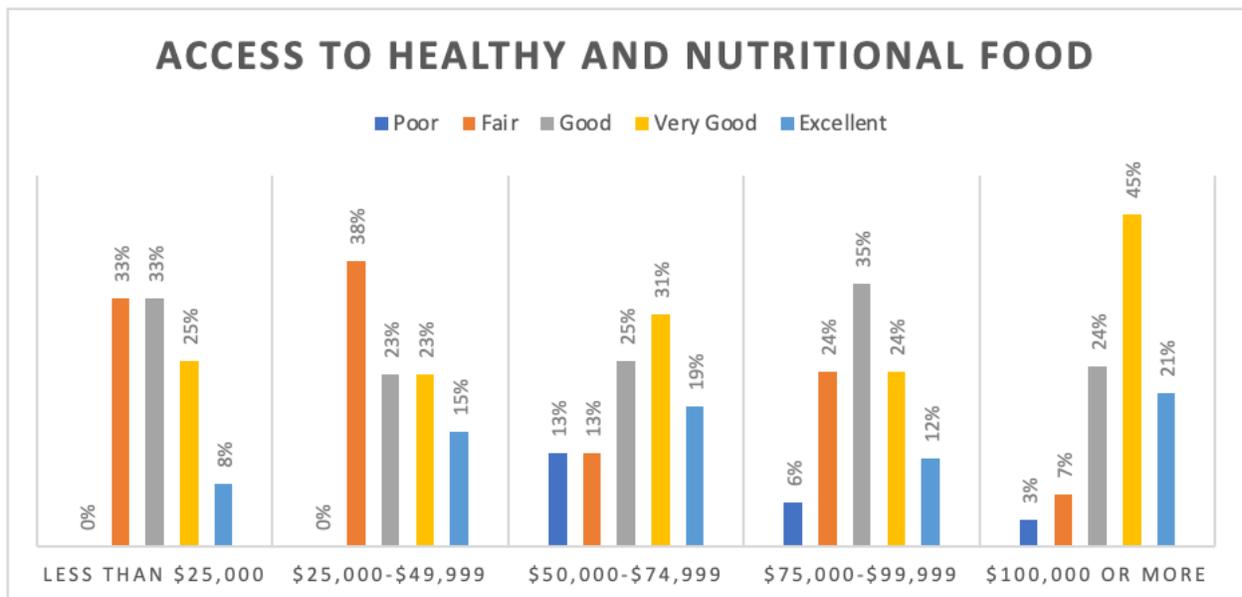
Richland and Wilkin County survey respondents differed in their perception of affordable housing by age strata. Over half of respondents (59%) between the ages of 35-54 characterized access to affordable housing as 'fair' or 'poor.' By contrast, 64% of respondents between the ages of 18-34 and 59% of respondents 55 years or older rated access to affordable housing as 'good,' 'very good' or 'excellent.'

Figure 8. Employment and Economic Opportunities



Slight differences in the perception of employment and economic opportunities were observed by gender. A slightly higher proportion of male respondents characterized economic and employment opportunities as "good," "very good," or "excellent," (65% male, 60% female).

Figure 9. Access to Healthy Food



Unsurprisingly, survey respondents reporting lower income levels tended to rate their access to healthy and nutritious foods as fair (33% individuals earning less than

\$25,000 annually, compared to only 7% of individuals with annual incomes in excess of \$100,000).

Demographics

Figure 10. Highest Level of Education

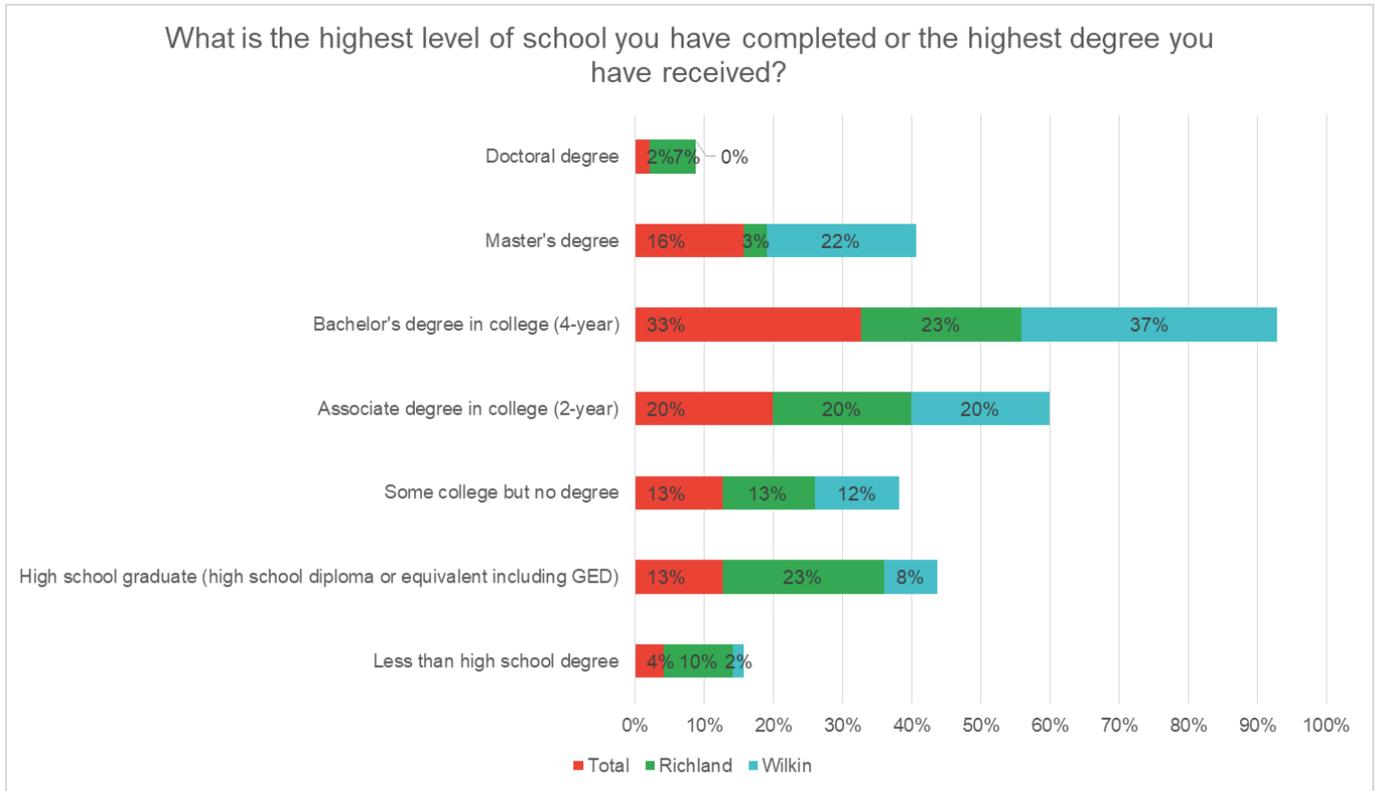


Figure 11. Current Living Situation by Household Income Level

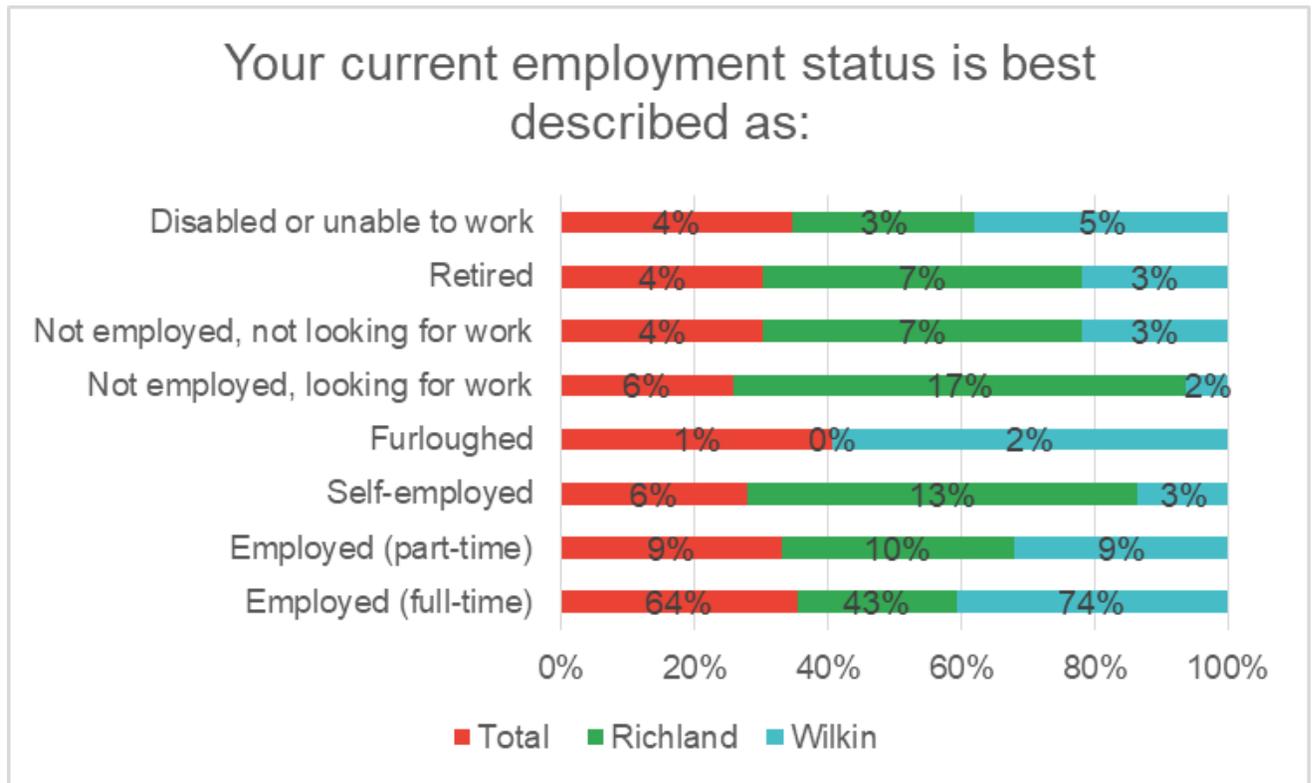
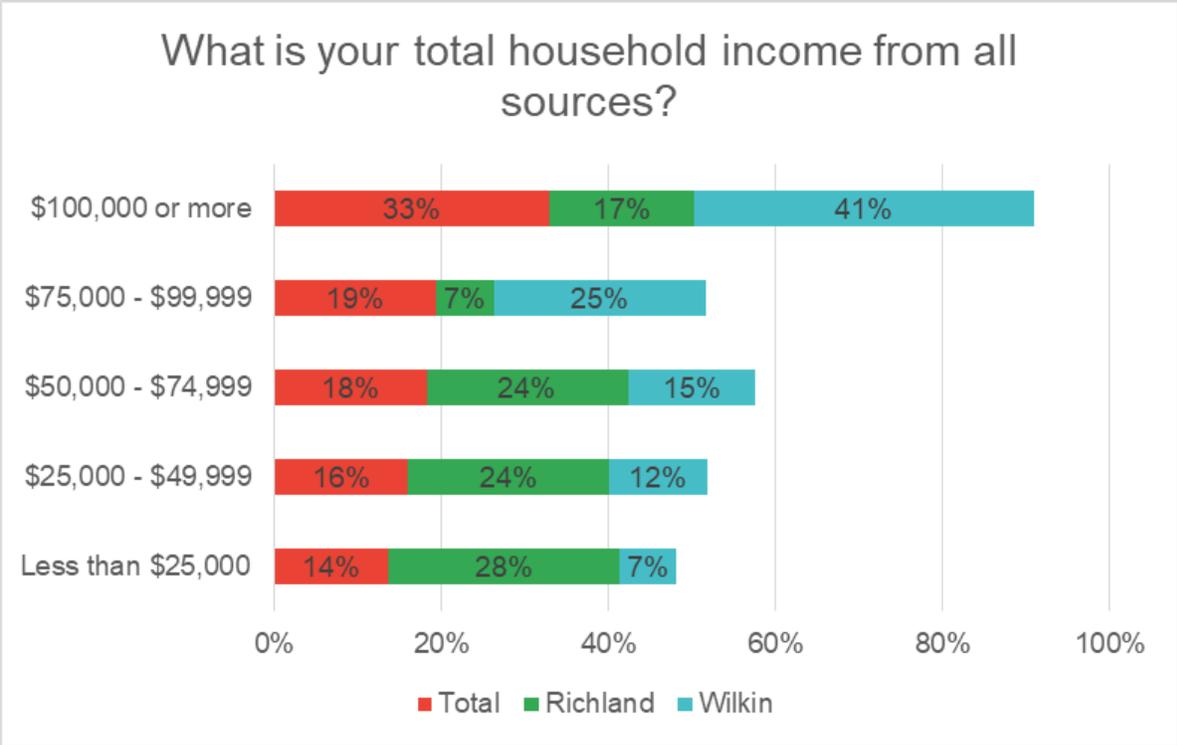


Figure 12. Household Income Range

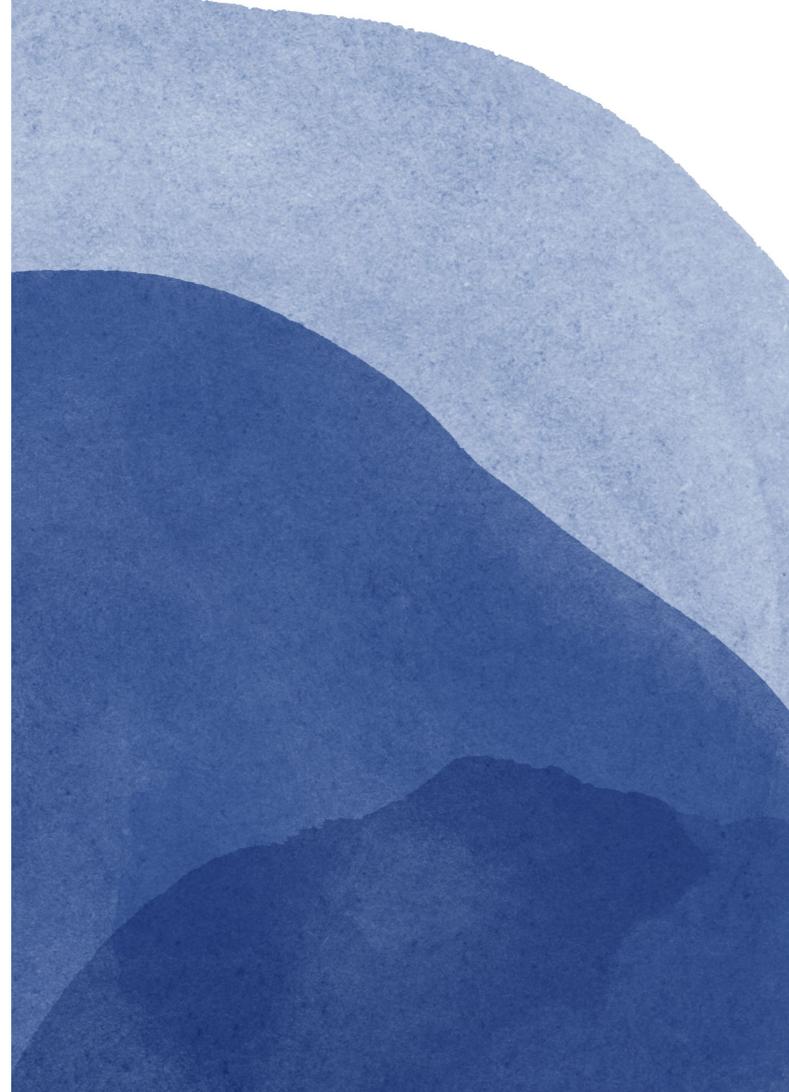


B. CHNA Data Presentation 3.18.22

On March 18, 2022, CHI St. Francis Health hosted a community engagement session with CHNA collaborators: Wilkin County Public Health, Richland County Public Health, Essentia Health Wahpeton Clinic and Sanford Health Wahpeton Clinic, in which a comprehensive review of primary and secondary data was conducted, along with a discussion and prioritization of top community health needs.

CHI St. Francis Health Community Health Needs Assessment Data Review & Community Engagement Session

3.18.22



Reflection

Community Health Needs Assessment (CHNA)

- Required for every not-for-profit hospital licensed with the state conducted every 3 years
- a systematic process involving the community to identify and analyze community health needs and assets
- to prioritize, plan and act upon unmet community health needs.

Board must approve by end of June 2022

Implementation Strategy (ISP)

- Hospital's plan (3-year) for addressing community health needs
 - includes health needs identified in the community health needs assessment
 - includes evaluation plan to demonstrate impact
 - outlines hospital actions and resources (financial and human)
 - Report annually on tax forms

Board must approve by November 2022

CHA NOTE: To be most effective, the implementation strategy should be integrated with the hospital's strategic, operations and financial plans and with community-wide health improvement plans

Process for Conducting a CHNA

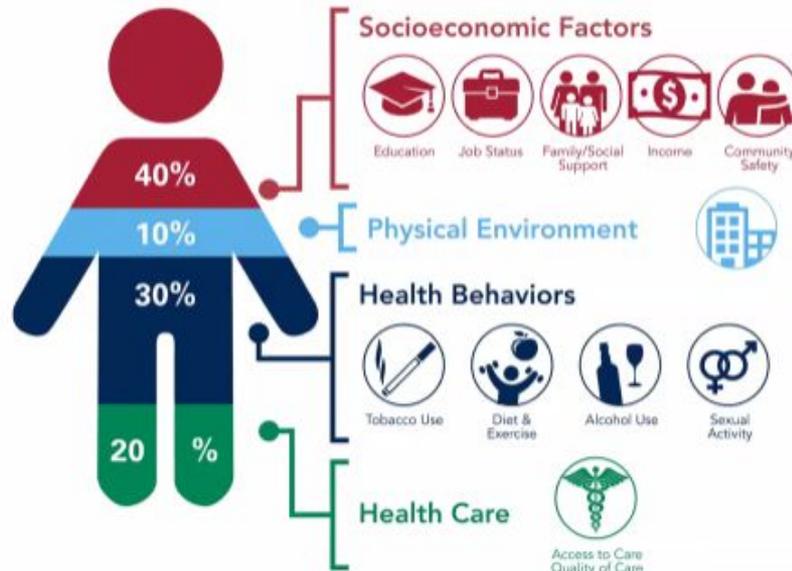
- Step 1: Plan and prepare for the assessment
- Step 2: Define the community/Scope
- Step 3: Identify data that describe the health and health needs of the community
- Step 4: Understand and interpret the data
- Step 5: Define and validate community health priorities
- Step 6: Document and communicate results*
 - Step 6a: report on previous impact of ISP

Figure 4. ACHI Community Engagement Process for Community Health Needs Assessment



Health Does Not Occur in Isolation

Social Determinants of Health



SDoH Impact

- ➔ **20%** of a person's health and well-being is related to **access to care and quality of services**
- ➔ **The physical environment, social determinants and behavioral factors drive 80%** of health outcomes



Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Richland & Wilkin County Public Health/ CHI St. Francis Health

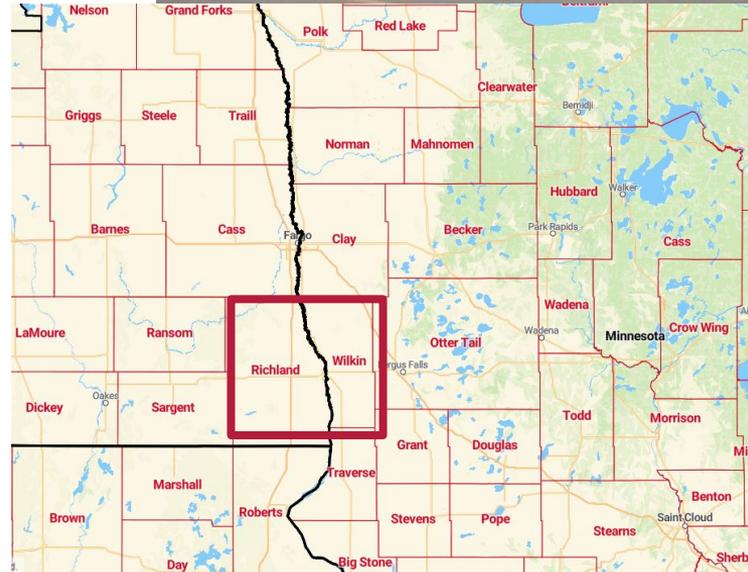
Current Priorities

Richland County	Wilkin County	CHI St. Francis Health
Mental Health & Addiction	Mental Well Being	Behavioral Health (Mental Health & Substance Misuse)
Chronic Disease	Dental Access	Obesity
		Childcare

CHI St. Francis Health

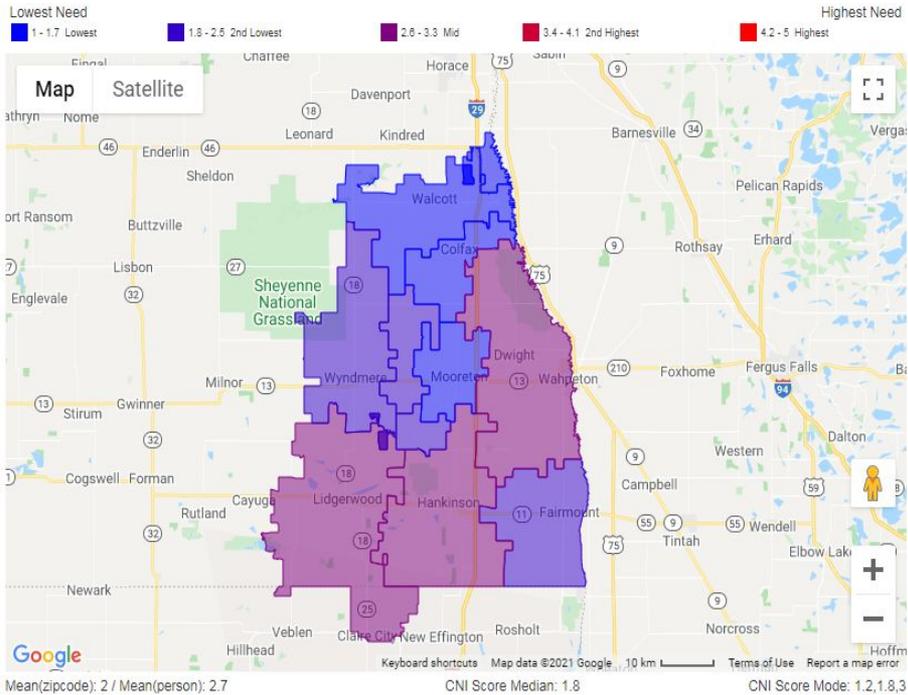
Serving the Breckenridge, MN & Wahpeton, ND Area

- 25-Bed critical access hospital
- 3 Community Clinics
 - Primary Care Walk-in Clinic
 - Milnor Clinic
 - Mental Health Clinic
- Senior living including:
 - St. Francis Nursing Home
 - Appletree Court Senior Living

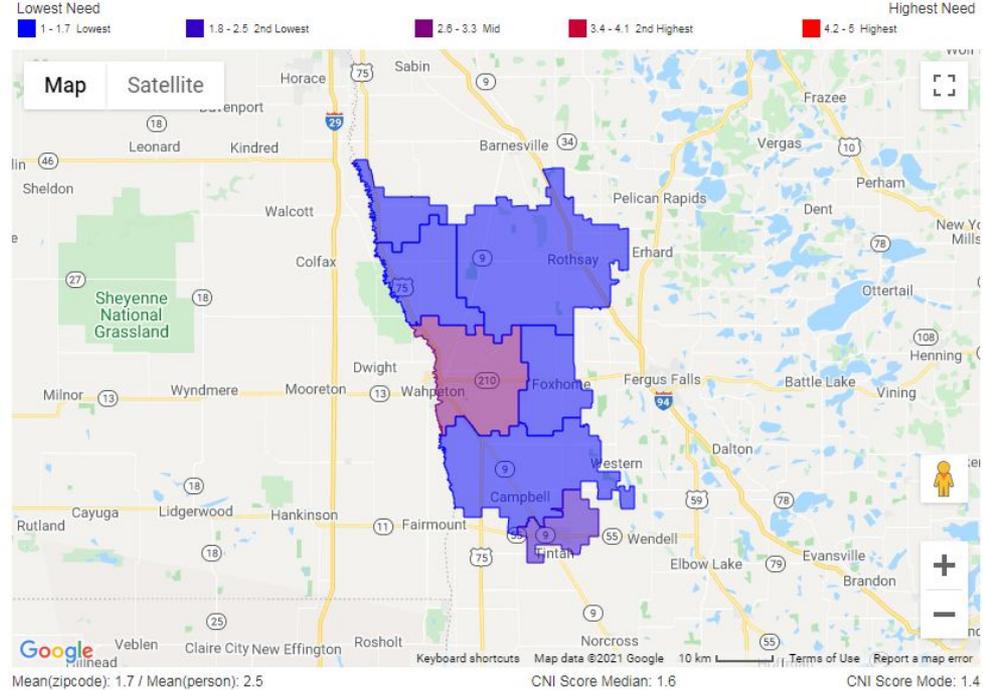


Community Definition

Richland County



Wilkin County



Demographics- Richland & Wilkin Counties

All Topics	Minnesota	Wilkin County, Minnesota	North Dakota	Richland County, North Dakota	United States
Population Estimates, July 1 2021, (V2021)	5,707,390	NA	774,948	NA	331,893,745

PEOPLE

Population					
Population Estimates, July 1 2021, (V2021)	5,707,390	NA	774,948	NA	331,893,745
Population estimates base, April 1, 2020, (V2021)	5,706,494	NA	779,094	NA	331,449,281
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	Z	NA	-0.5%	NA	0.1%
Population, Census, April 1, 2020	5,706,494	6,506	779,094	16,529	331,449,281
Population, Census, April 1, 2010	5,303,925	6,576	672,591	16,321	308,745,538
Age and Sex					
Persons under 5 years, percent	6.2%	6.1%	7.1%	6.2%	6.0%
Persons under 18 years, percent	23.1%	22.5%	23.6%	21.9%	22.3%
Persons 65 years and over, percent	16.3%	19.7%	15.7%	18.7%	16.5%
Female persons, percent	50.2%	48.0%	48.8%	48.4%	50.8%
Race and Hispanic Origin					
White alone, percent	83.8%	95.3%	86.9%	93.2%	76.3%
Black or African American alone, percent (a)	7.0%	0.6%	3.4%	1.1%	13.4%
American Indian and Alaska Native alone, percent (a)	1.4%	1.8%	5.6%	3.1%	1.3%
Asian alone, percent (a)	5.2%	0.5%	1.7%	0.6%	5.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%	Z	0.1%	Z	0.2%
Two or More Races, percent	2.6%	1.8%	2.3%	1.9%	2.8%
Hispanic or Latino, percent (b)	5.6%	3.1%	4.1%	3.6%	18.5%
White alone, not Hispanic or Latino, percent	79.1%	92.8%	83.7%	90.5%	60.1%

Combined population: appx 23,000

-slightly older population

-predominantly racially homogeneous



Demographics- Richland & Wilkin Counties

Cont.

All Topics ▾	Q Minnesota	Q Wilkin County, Minnesota	Q North Dakota	Q Richland County, North Dakota	United States
Population Estimates, July 1 2021, (V2021)	△ 5,707,390	△ NA	△ 774,948	△ NA	△ 331,893,745
Housing					
Housing units, July 1, 2019, (V2019)	2,477,753	3,157	380,173	7,798	139,684,244
Owner-occupied housing unit rate, 2016-2020	71.9%	80.7%	62.5%	69.8%	64.4%
Median value of owner-occupied housing units, 2016-2020	\$235,700	\$138,300	\$199,900	\$132,800	\$229,800
Median selected monthly owner costs -with a mortgage, 2016-2020	\$1,606	\$1,126	\$1,457	\$1,189	\$1,621
Median selected monthly owner costs -without a mortgage, 2016-2020	\$548	\$413	\$476	\$456	\$509
Median gross rent, 2016-2020	\$1,010	\$539	\$828	\$658	\$1,096
Building permits, 2020	28,148	7	3,493	33	1,471,141
Families & Living Arrangements					
Households, 2016-2020	2,207,988	2,799	320,873	6,806	122,354,219
Persons per household, 2016-2020	2.48	2.19	2.29	2.21	2.60
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	86.3%	94.0%	82.5%	82.5%	86.2%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	11.9%	2.2%	6.0%	2.5%	21.5%
Computer and Internet Use					
Households with a computer, percent, 2016-2020	92.7%	84.6%	91.3%	91.2%	91.9%
Households with a broadband Internet subscription, percent, 2016-2020	87.0%	77.8%	83.1%	83.5%	85.2%
Education					
High school graduate or higher, percent of persons age 25 years+, 2016-2020	93.4%	94.6%	93.1%	92.1%	88.5%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	36.8%	23.7%	30.7%	22.2%	32.9%
Health					
With a disability, under age 65 years, percent, 2016-2020	7.4%	10.5%	7.2%	7.5%	8.7%
Persons without health insurance, under age 65 years, percent	△ 5.8%	△ 4.8%	△ 8.1%	△ 6.9%	△ 10.2%
Economy					
In civilian labor force, total, percent of population age 16 years+ 2016-2020	69.2%	65.5%	69.1%	66.5%	63.0%



Top Causes of Death- State of ND/ MN & Richland/ Wilkin County (2018-2020)

Top Causes of Death (Age- Adjusted Death Rate by Cause)				
Cause/ AA Death Rate	Richland County, ND	North Dakota	Wilkin County, MN	Minnesota
1	Heart Disease, 155.5	Heart Disease, 144.9	Heart Disease, 227.9	Cancer, 141.3
2	Cancer, 131.9	Cancer, 141.8	Cancer, 162.3	Heart Disease, 117.9
3	Accidents, 40.5	COVID-19, 40.9	Cerebrovascular diseases, 61.6	Accidents, 47.1

*Rates expressed per 100,000 population



Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on Mar 18, 2022 10:13:25 AM

Coronary Heart Disease- Mortality

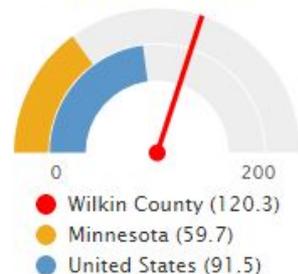
Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Wilkin County, MN	6,261	64	204.4	120.3
Minnesota	5,600,942	20,956	74.8	59.7
United States	326,747,554	1,838,830	112.5	91.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County →

Show more details

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



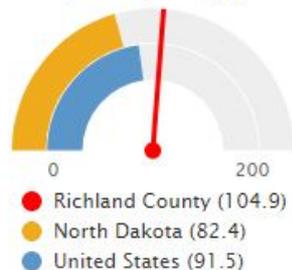
Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Richland County, ND	16,255	131	161.2	104.9
North Dakota	760,159	3,937	103.6	82.4
United States	326,747,554	1,838,830	112.5	91.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County →

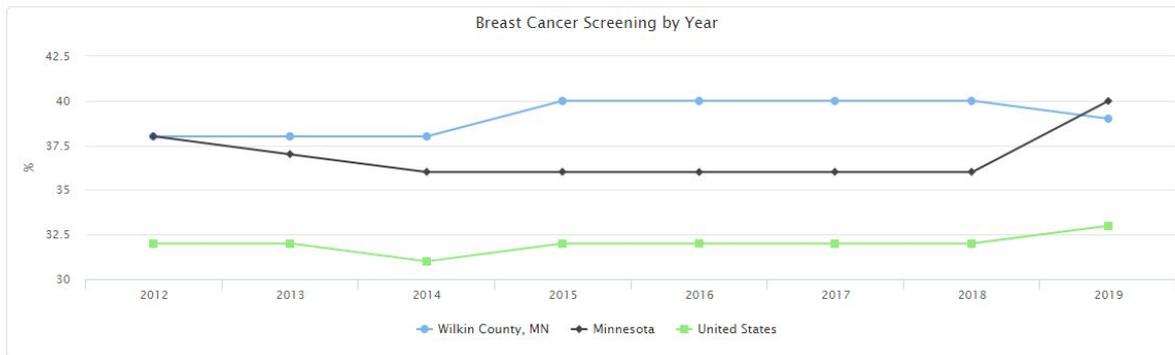
Show more details

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

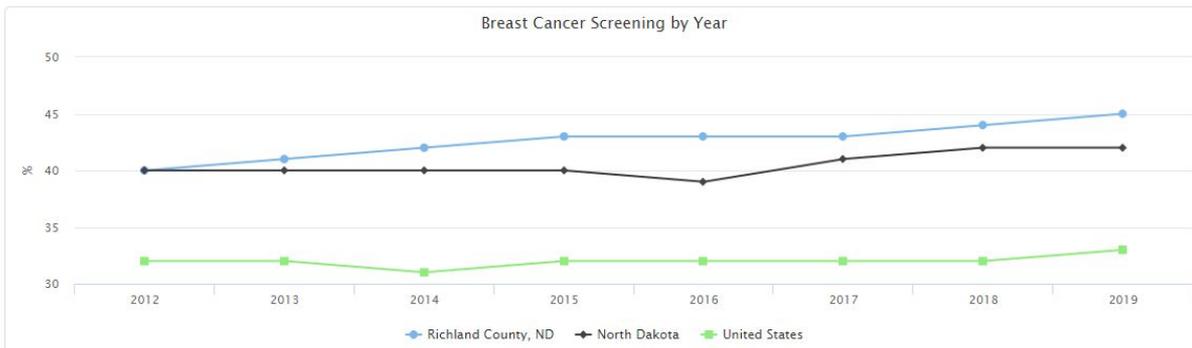


Preventive Screening- Breast Cancer

Rate of annual breast exams among female Medicare beneficiaries age 35+



Report Area	Female Medicare Beneficiaries with Recent Mammogram
Wilkin County, MN	39%
Minnesota	39%
United States	33%



Report Area	Female Medicare Beneficiaries with Recent Mammogram
Richland County, ND	44%
North Dakota	40%
United States	33%

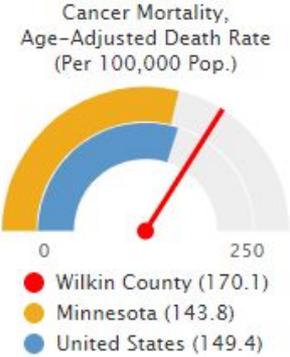


Cancer Mortality

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Wilkin County, MN	6,261	81	258.8	170.1
Minnesota	5,600,942	49,649	177.3	143.8
United States	326,747,554	2,998,371	183.5	149.4

Note: This indicator is compared to the state average.

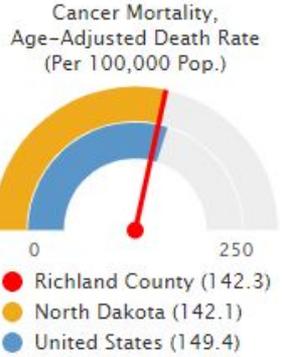
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details



Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Richland County, ND	16,255	161	198.1	142.3
North Dakota	760,159	6,477	170.4	142.1
United States	326,747,554	2,998,371	183.5	149.4

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details



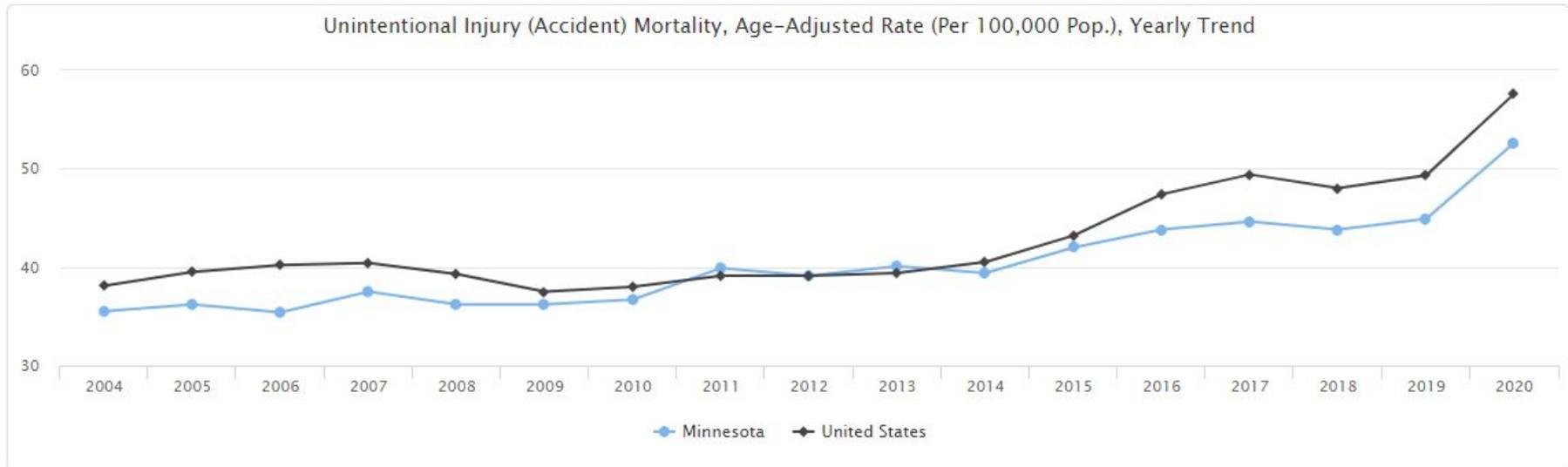
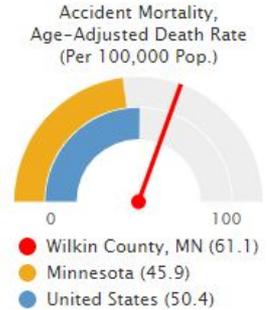
Unintentional Injury Deaths- Wilkin, MN

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Wilkin County, MN	6,261	21	67.1	61.1
Minnesota	5,600,942	14,455	51.6	45.9
United States	326,747,554	872,432	53.4	50.4

Note: This indicator is compared to the state average.

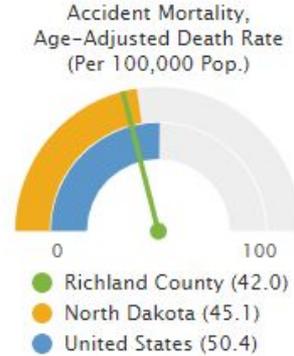
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County →

Show more details



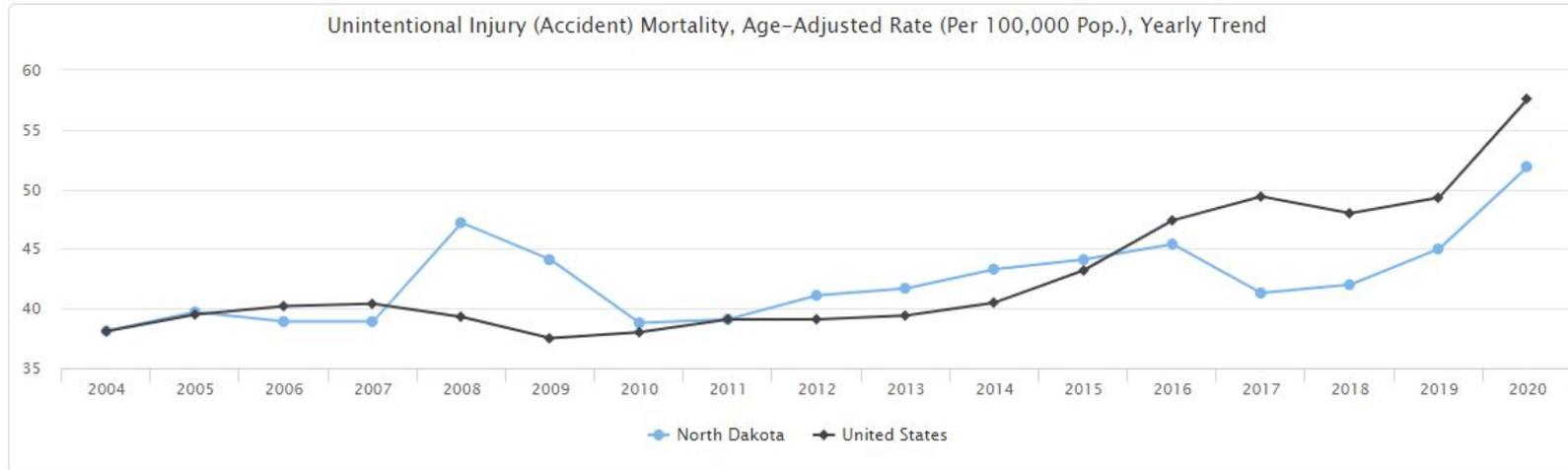
Unintentional Injury Deaths- Richland, ND

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Richland County, ND	16,255	37	45.5	42.0
North Dakota	760,159	1,869	49.2	45.1
United States	326,747,554	872,432	53.4	50.4



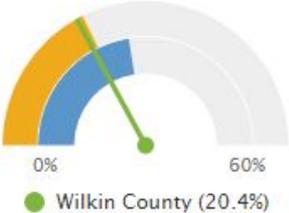
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details



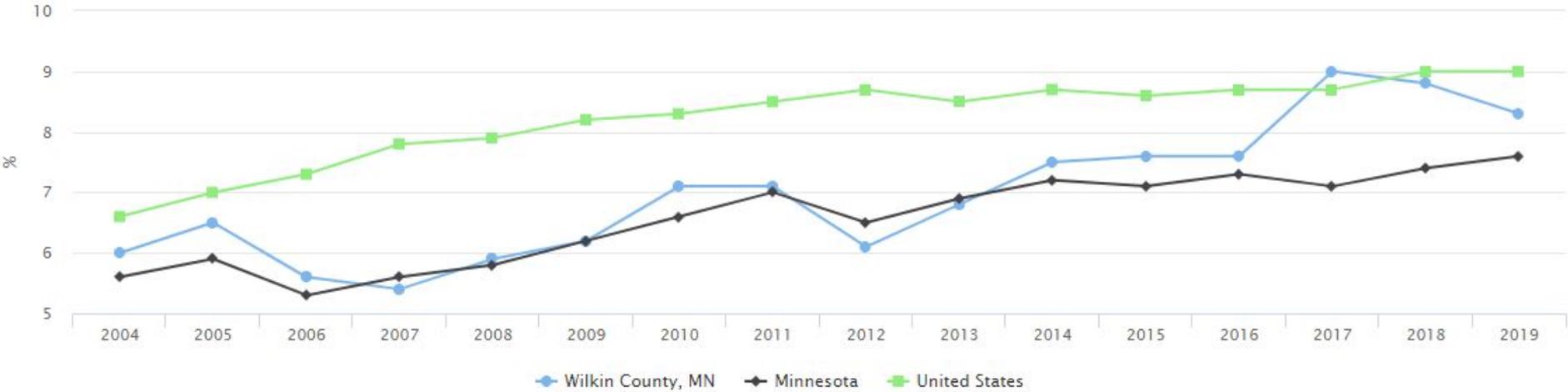
Diabetes Prevalence- Wilkin County, MN

Percentage of Medicare Beneficiaries with Diabetes



Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Wilkin County, MN	588	120	20.4%
Minnesota	347,019	74,022	21.3%
United States	33,499,472	9,029,582	27.0%

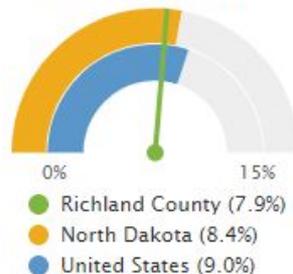
Adults with Diagnosed Diabetes by Year, 2004 through 2019



Diabetes Prevalence- Richland County, ND

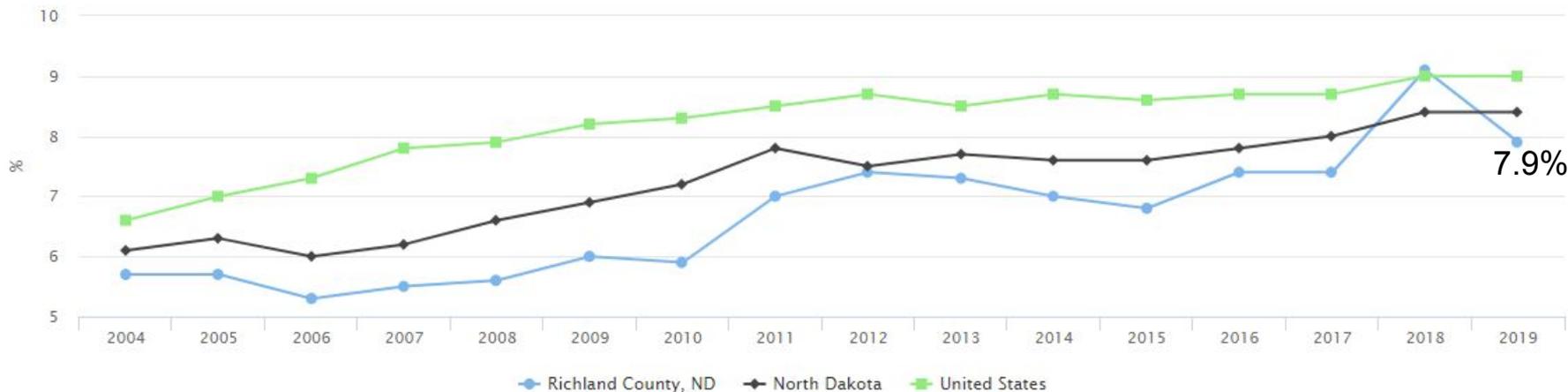
Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Richland County, ND	12,011	1,117	7.9%
North Dakota	561,153	50,737	8.4%
United States	239,919,249	24,189,620	9.0%

Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2019



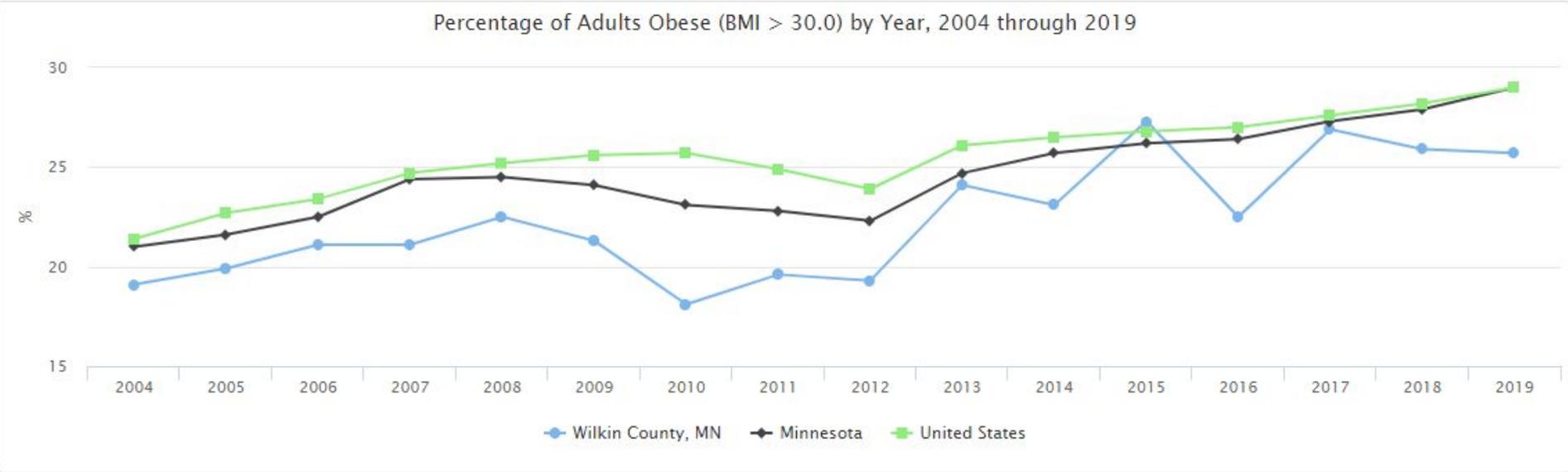
Note: This indicator is compared to the state average.

Adults with Diagnosed Diabetes by Year, 2004 through 2019



Obesity Trend- Wilkin County, MN

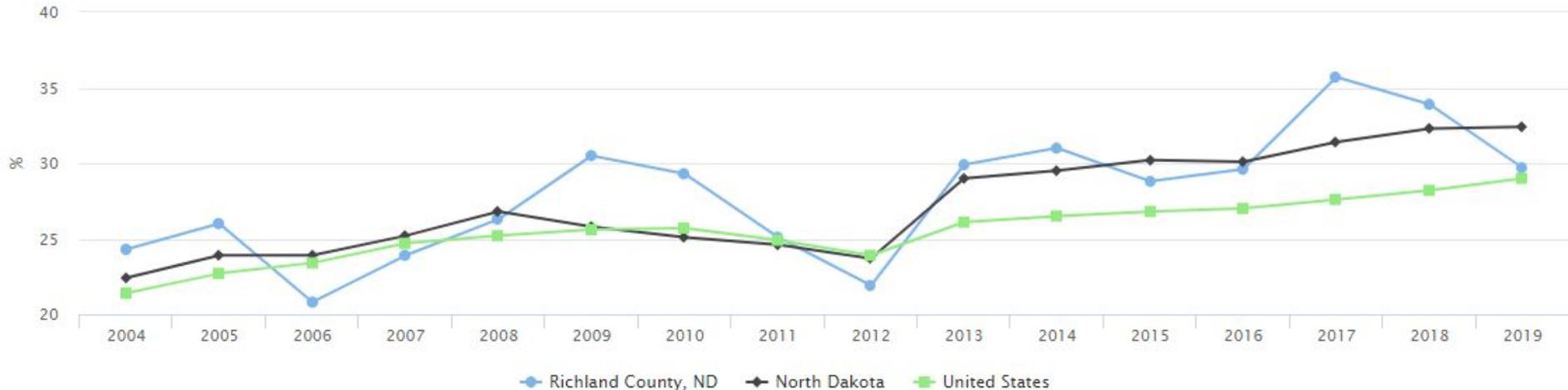
One quarter (25.7%) of Wilkin County residents are obese



Obesity Trend- Richland County, ND

Nearly one in three Richland County residents are obese (30%)

Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2019



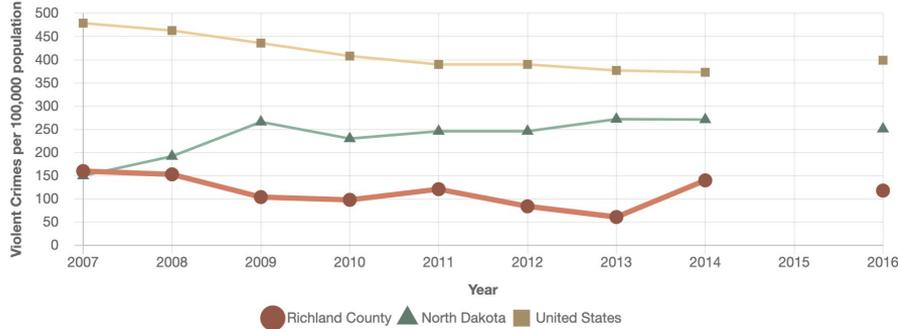
Violence

Annual Avg Violent Crimes: Richland & Wilkin County

Violent crime rate 101 per 100,000 in Wilkin (263 in MN), 129 in Richland per 100,000 (258 in ND)

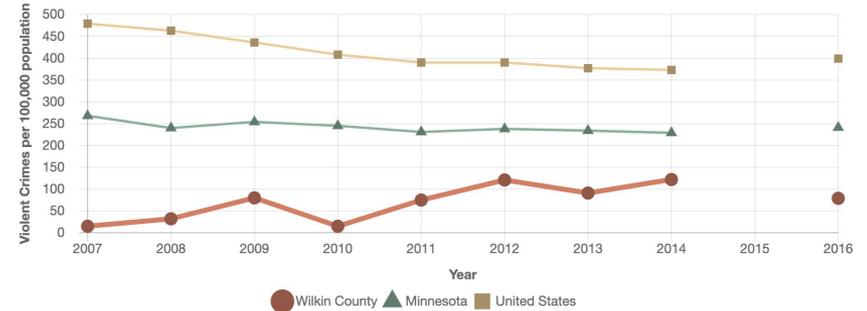
Violent crime in Richland County, ND County, State and National Trends

No significant trend was found in Richland County for this measure.



Violent crime in Wilkin County, MN County, State and National Trends

Wilkin County is getting worse for this measure.



Healthcare Access

	Wilkin (WL), MN X	Richland (RI), ND X PEER COUNTY
Clinical Care		
Uninsured	4%	8%
Primary care physicians		2,030:1
Dentists	3,100:1	1,470:1
Mental health providers	440:1	5,390:1
Preventable hospital stays	7,302	5,169
Mammography screening (2018)	49%	55%
Flu vaccinations	54%	59%



Prenatal Care

Location	Data Type	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
North Dakota	Number	1,424	1,485	1,508	1,641	1,401	1,598	1,535	1,612	1,338	1,458
	Percent	15.9%	16.3%	16.3%	16.3%	13.2%	14.1%	13.6%	14.2%	12.5%	13.7%
Richland	Number	105	100	14	15	20	19	21	16	14	16
	Percent	57.1%	52.4%	14.7%	8.2%	10.5%	10.1%	11.3%	7.7%	7.3%	8.0%
Location	Data Type	2003	2004	2005	2006	2007	2008	2009	2010	2013	2019
Minnesota	Number	NA	2,573	NA							
	Percent	3.4%	3.4%	3.5%	3.4%	3.3%	3.2%	2.3%	3.1%	4.0%	3.9%
Wilkin	Number	NA									
	Percent	1.4%	3.9%	0.0%	1.6%	6.8%	1.7%	0.0%	1.6%	NA	0.0%



Youth Dental Care and Access

Minnesota Statewide Data

		Grade			
		5th	8th	9th	11th
		%	%	%	%
When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?^	During the last year	83%	85%	84%	82%
	Between 1 and 2 years ago	11%	9%	10%	11%
	More than 2 years ago	4%	4%	5%	5%
	Never	3%	1%	1%	1%
Have you any of the following dental problems during the past 12 months? (Mark ALL that apply)^^	Toothaches or pain	19%	20%	19%	20%
	Decayed teeth or cavities	14%	12%	13%	14%
	Swollen, painful or bleeding gums	8%	8%	8%	7%
	Could not eat certain foods because of a dental problem	6%	6%	6%	5%
	Missed one or more school days because of a dental problem	8%	7%	6%	5%
	I have not had any of these dental health problems	64%	66%	66%	66%

2019 Minnesota Student Survey

TABLE 21
RECEIPT OF TREATMENT; ORAL HEALTH

WILKIN COUNTY

		Grade			
		5th	8th	9th	11th
		%	%	%	%
When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?^	During the last year	67%	88%	77%	84%
	Between 1 and 2 years ago	24%	10%	15%	11%
	More than 2 years ago	9%	2%	8%	2%
	Never	0%	0%	0%	2%
Have you any of the following dental problems during the past 12 months? (Mark ALL that apply)^^	Toothaches or pain	17%	25%	27%	26%
	Decayed teeth or cavities	17%	12%	13%	10%
	Swollen, painful or bleeding gums	2%	4%	5%	2%
	Could not eat certain foods because of a dental problem	7%	12%	7%	2%
	Missed one or more school days because of a dental problem	10%	4%	4%	5%
	I have not had any of these dental health problems	69%	67%	61%	69%



Mental Health & Health Behaviors

Wilkin (WL), MN ✘Richland (RI), ND ✘

PEER COUNTY

Health Outcomes

Length of Life

Premature death

7,800

7,800

Quality of Life

Poor or fair health



13%

15%

Poor physical health days



3.4

3.4

Poor mental health days



3.8

3.6

Low birthweight

5%

6%

Health Factors

Health Behaviors

Adult smoking



19%

20%

Adult obesity



33%

37%

Food environment index



8.6

9.0

Physical inactivity



33%

27%

Access to exercise opportunities

62%

58%

Excessive drinking



24%

22%

Alcohol-impaired driving deaths

25%

37%

Sexually transmitted infections



332.1

379.2

Teen births

10

8



Youth Behavioral Health- Wilkin/ MN

About 1/3 of Wilkin 9th & 11th graders have received MH treatment

2019 Minnesota Student Survey

**TABLE 21
RECEIPT OF TREATMENT; ORAL HEALTH**

WILKIN COUNTY

		Grade			
		5th	8th	9th	11th
		%	%	%	%
Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)*	No		79%	73%	73%
	Yes, during the last year		17%	16%	13%
	Yes, more than a year ago		6%	18%	16%
Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)*	No		98%	98%	89%
	Yes, during the last year		2%	2%	9%
	Yes, more than a year ago		0%	0%	4%

Minnesota Statewide Data

		Grade			
		5th	8th	9th	11th
		%	%	%	%
Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)*	No		80%	77%	73%
	Yes, during the last year		12%	14%	18%
	Yes, more than a year ago		10%	11%	14%
Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)*	No		98%	98%	98%
	Yes, during the last year		1%	2%	2%
	Yes, more than a year ago		1%	1%	1%



Youth MH- MN/ Wilkin

TABLE 27A
EMOTIONAL WELL-BEING AND DISTRESS*

WILKIN COUNTY

Minnesota Statewide Data

Over the last two weeks, how often have you been bothered by...?		Grade		
		8th %	9th %	11th %
...little interest or pleasure in doing things?	Not at all	53%	49%	45%
	Several days	30%	31%	34%
	More than half the days	10%	11%	12%
	Nearly every day	8%	8%	9%
...feeling down, depressed or hopeless?	Not at all	61%	58%	53%
	Several days	22%	24%	28%
	More than half the days	8%	9%	10%
	Nearly every day	9%	9%	9%
...feeling nervous, anxious or on edge? [^]	Not at all	46%	42%	38%
	Several days	31%	32%	34%
	More than half the days	11%	13%	14%
	Nearly every day	11%	13%	13%
...not being able to stop or control worrying? [^]	Not at all	59%	55%	51%
	Several days	22%	24%	26%
	More than half the days	9%	10%	12%
	Nearly every day	10%	11%	12%



Over the last two weeks, how often have you been bothered by...?		Grade		
		8th %	9th %	11th %
...little interest or pleasure in doing things?	Not at all	54%	53%	53%
	Several days	25%	37%	22%
	More than half the days	8%	6%	9%
	Nearly every day	13%	4%	16%
...feeling down, depressed or hopeless?	Not at all	58%	63%	60%
	Several days	19%	18%	22%
	More than half the days	11%	14%	7%
	Nearly every day	11%	6%	11%
...feeling nervous, anxious or on edge? [^]	Not at all	47%	43%	49%
	Several days	23%	37%	24%
	More than half the days	15%	12%	16%
	Nearly every day	15%	8%	11%
...not being able to stop or control worrying? [^]	Not at all	62%	54%	60%
	Several days	13%	32%	13%
	More than half the days	11%	14%	18%
	Nearly every day	13%	0%	9%

Youth MH- MN/ Wilkin

2019 Minnesota Student Survey

Minnesota Statewide Data

**TABLE 28
SELF-INFLICTED INJURY; SUICIDAL THOUGHTS AND
SUICIDAL BEHAVIOR***

WILKIN COUNTY

		Grade		
		8th	9th	11th
		%	%	%
During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?	0 times	81%	82%	85%
	1 or 2 times	9%	8%	7%
	3 to 5 times	4%	4%	4%
	6 to 9 times	2%	2%	2%
	10 to 19 times	2%	1%	1%
	20 or more times	2%	2%	2%
Have you ever seriously considered attempting suicide? (Mark ALL that apply)	No	81%	79%	76%
	Yes, during the last year	13%	13%	13%
	Yes, more than a year ago	10%	12%	16%
Have you ever actually attempted suicide? (Mark ALL that apply)	No	93%	92%	91%
	Yes, during the last year	4%	4%	3%
	Yes, more than a year ago	4%	5%	7%

		Grade		
		8th	9th	11th
		%	%	%
During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?	0 times	77%	81%	80%
	1 or 2 times	8%	9%	7%
	3 to 5 times	4%	6%	2%
	6 to 9 times	4%	0%	4%
	10 to 19 times	2%	2%	0%
	20 or more times	6%	2%	7%
Have you ever seriously considered attempting suicide? (Mark ALL that apply)	No	75%	83%	74%
	Yes, during the last year	15%	11%	21%
	Yes, more than a year ago	13%	8%	10%
Have you ever actually attempted suicide? (Mark ALL that apply)	No	92%	92%	88%
	Yes, during the last year	8%	4%	7%
	Yes, more than a year ago	0%	4%	7%

Youth MH- ND YRBSS- Depression/ Suicidality

2021 YOUTH RISK BEHAVIOR SURVEY RESULTS

North Dakota High School Survey Trend Analysis Report

Total Injury and Violence		Health Risk Behavior and Percentages														Linear Change ^a		
		1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017		2019	2021
QN25: Percentage of students who felt sad or hopeless (almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)						25.0	25.9	20.8	20.3	17.1	22.9	23.8	25.4	27.2	28.9	30.5	36.0	Increased, 1999-2021
QN26: Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)			25.4		18.8	19.0	13.6	15.4	10.4	12.4	14.7	16.1	16.2	16.7	18.8	18.6		Decreased, 1995-2021
QN27: Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)			19.9		14.3	13.9	11.3	12.2	8.1	10.5	12.1	13.5	13.5	14.5	15.3	14.8		Decreased, 1995-2021
QN28: Percentage of students who actually attempted suicide (one or more times during the 12 months before the survey)			7.5		6.4	7.5	7.2	6.4	8.8	5.7	10.8	11.5	9.4	13.5	13.0	6.1		Increased, 1995-2021



Substance Use- ND/ Wilkin

2021 YOUTH RISK BEHAVIOR SURVEY RESULTS

North Dakota High School Survey Trend Analysis Report

Total Alcohol and Other Drug Use

Health Risk Behavior and Percentages

Linear Change*

1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

QN40: Percentage of students who had their first drink of alcohol before age 13 years (other than a few sips)

32.3	28.9	29.8	25.4	19.7	19.7	19.9	16.7	15.2	12.4	14.5	12.9	12.1	Decreased, 1995-2021
------	------	------	------	------	------	------	------	------	------	------	------	------	-------------------------

QN41: Percentage of students who currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)

60.7	60.5	59.2	54.2	49.0	46.1	43.3	38.8	35.3	30.8	29.1	27.6	23.7	Decreased, 1995-2021
------	------	------	------	------	------	------	------	------	------	------	------	------	-------------------------

QN42: Percentage of students who currently were binge drinking (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours, on at least 1 day during the 30 days before the survey)

16.4	15.6	14.0	No linear change
------	------	------	------------------

2019 Minnesota Student Survey

TABLE 31
SUMMARY OF SUBSTANCE USE**

WILKIN COUNTY

		Grade		
		8th	9th	11th
		%	%	%
Use of conventional tobacco products (cigarettes, cigars, smokeless tobacco) during the past 30 days	No	98%	100%	89%
	Yes	2%	0%	11%
Use of any tobacco products, including e-cigarettes and hookah, during the past 30 days	No	94%	88%	64%
	Yes	6%	12%	36%
Frequent binge drinking in the past year (typically drank 5 or more drinks at a time and drank on 10 or more occasions during the past year)	No	100%	100%	96%
	Yes	0%	0%	4%
Any alcohol and/or other drug use during the past year (excluding tobacco)	No alcohol or marijuana or other drug use in the past year	82%	63%	51%
	Used only alcohol in the past year	8%	19%	18%
	Used alcohol and marijuana in past year, but not other drugs	0%	2%	11%
	Used marijuana or other drugs but not alcohol in the past year	6%	10%	7%
	Used alcohol and marijuana or other drugs in the past year	4%	6%	13%

** These are all computed variables based on combinations of responses to two or more survey items.



Excessive Drinking

Report Area	Total Population (2018)	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Wilkin County, MN	6,254	1,478	23.64%
Minnesota	5,611,179	1,301,024	23.19%
United States	327,167,434	62,733,046	19.17%

Note: This indicator is compared to the state average.

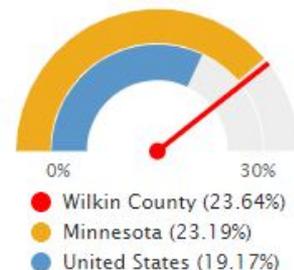
Report Area	Total Population (2018)	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Richland County, ND	16,239	3,607	22.21%
North Dakota	760,077	180,459	23.74%
United States	327,167,434	62,733,046	19.17%

Note: This indicator is compared to the state average.

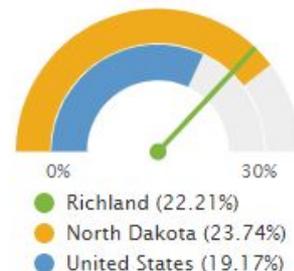
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source geography: County → [Show more details](#)



Percentage of Adults Self-Reporting Excessive Drinking, 2018

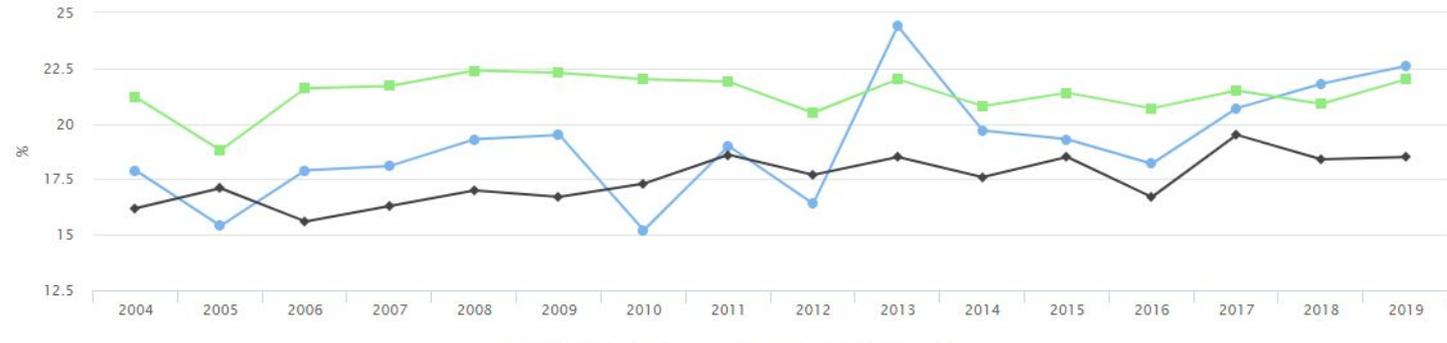


Percentage of Adults Self-Reporting Excessive Drinking, 2018

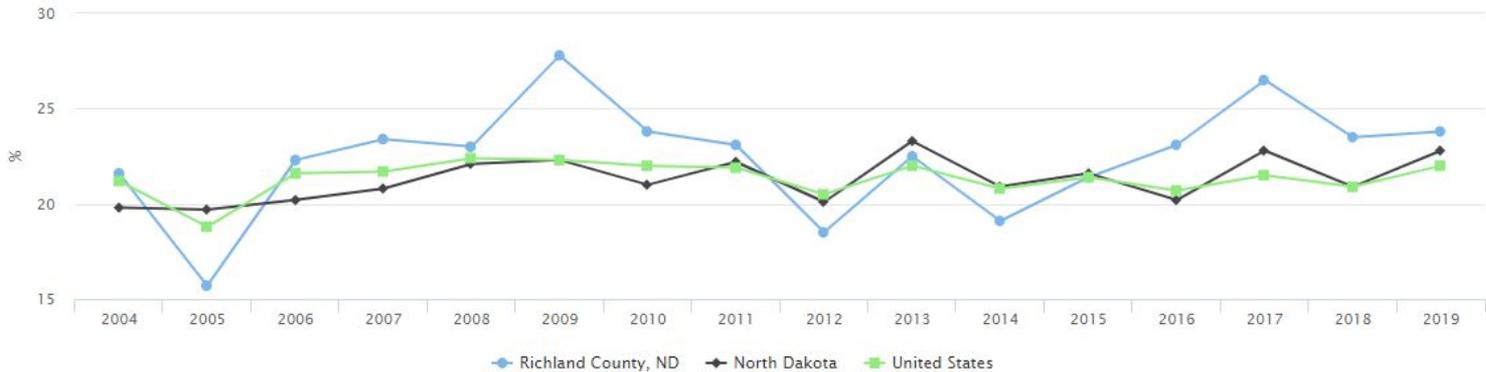


Physical Inactivity

Percentage of Adults Physically Inactive by Year, 2004 through 2019



Percentage of Adults Physically Inactive by Year, 2004 through 2019



SDoH

Social & Economic Factors

Social & Economic Factors

High school completion

Some college

Unemployment

Children in poverty

Income inequality

Children in single-parent households

Social associations

Wilkin (WL), MN **X**

Richland (RI), ND **X**
PEER COUNTY

95%

91%

80%

68%

3.4%

2.3%

11%

14%

4.0

4.5

23%

17%

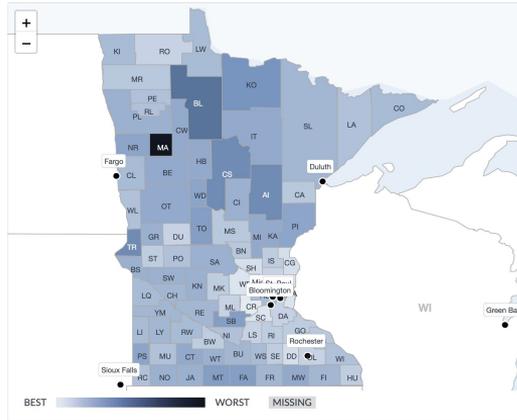
14.4

20.9

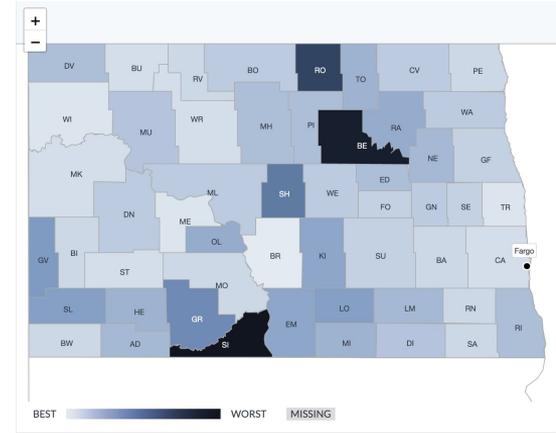


Poverty

Wilkin



Richland



People Living in Poverty, *Data source: U.S. Census Bureau*

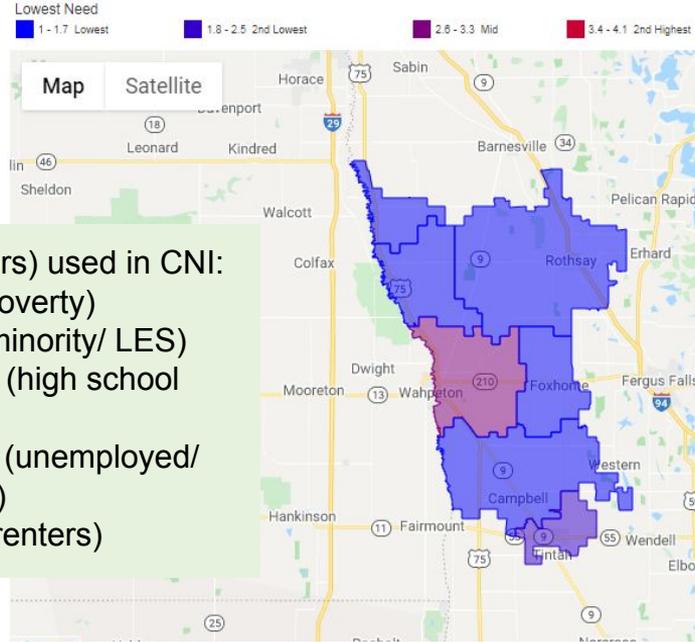
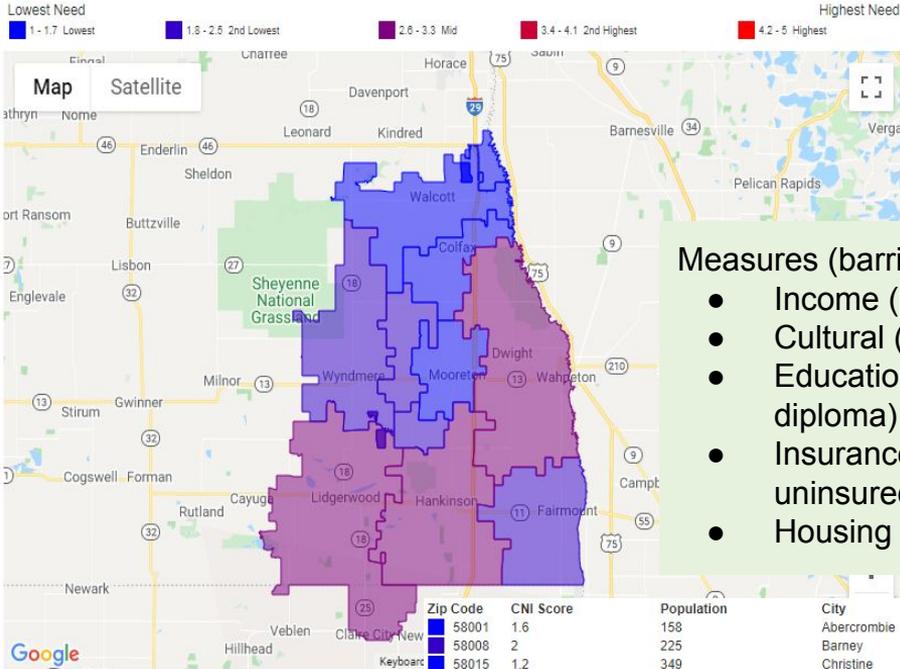
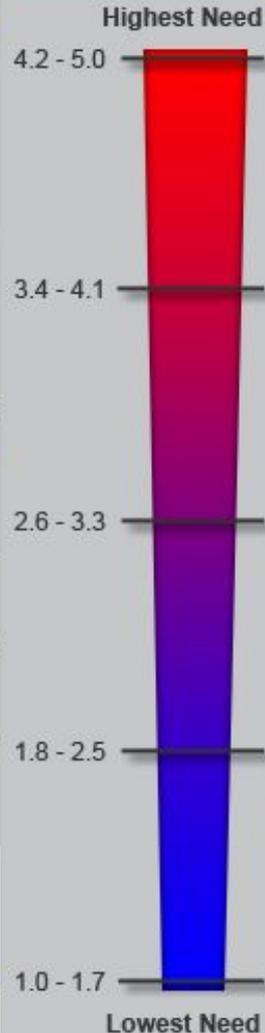
All Topics	Minnesota	Wilkin County, Minnesota	North Dakota	Richland County, North Dakota
Population Estimates, July 1 2021, (V2021)	5,707,390	NA	774,948	NA
Income & Poverty				
Median household income (in 2019 dollars), 2015-2019	\$71,306	\$60,595	\$64,894	\$61,371
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$37,625	\$34,543	\$36,062	\$31,346
Persons in poverty, percent	8.3%	8.3%	10.2%	9.4%



Community Need Index

Richland County

Wilkin County



Measures (barriers) used in CNI:

- Income (poverty)
- Cultural (minority/ LES)
- Education (high school diploma)
- Insurance (unemployed/ uninsured)
- Housing (renters)



211 Service Requests

Top service requests Mar 17, 2021 to Mar 16, 2022

TOP REQUEST CATEGORIES Display as: PERCENT COUNT

Housing & Shelter	3.2%
Food	0%
Utilities	6.5%
Healthcare & COVID-19	0%
Mental Health & Addictions	19.4%
Employment & Income	3.2%
Clothing & Household	0%
Child Care & Parenting	3.2%
Government & Legal	3.2%
Transportation Assistance	0%
Education	0%
Disaster	0%
Other	61.3%
Total for top requests	100%

TOP HOUSING & SHELTER REQUESTS

Shelters	0%	0%
Low-cost housing	0%	0%
Home repair/ maintenance	0%	0%
Rent assistance	100.0%	0%
Mortgage assistance	0%	0%
Landlord/ tenant issues	0%	0%
Contacts	0%	0%
Other housing & shelter	0%	0%

0 = No requests made
 Not Available = Data not collected
 Some requests are only computed at the category level

UNMET

Requests >100 AND > 50%

Requests by County Housing & Shelter | Richland, ND, Wilkin, MN

View By: ZIP Code County

ZIP Code - Requests - Adult Population -

- in poverty State rate: -	- unemployed State rate: -	- < h.s. diploma State rate: -	- rental housing State rate: -
-------------------------------	-------------------------------	-----------------------------------	-----------------------------------



TOP 10: Highest rates of requests for Housing & Shelter by County

Rank	County	Rank	County
1	Ramsey, MN	6	Olmsted, MN
2	Hennepin, MN	7	Dakota, MN
3	Itasca, MN	8	Stearns, MN
4	St. Louis, MN	9	Koochiching, MN
5	Anoka, MN	10	Scott, MN

Request by time

Housing & Shelter requests in the last year and prior year



Early Childhood Education

Access - Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where pre-school opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Wilkin County, MN	132	79	59.85%
Minnesota	143,884	67,679	47.04%
United States	8,151,928	3,938,693	48.32%

Note: This indicator is compared to the state average.

Percentage of Population Age 3-4 Enrolled in School

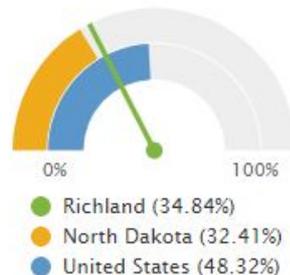


Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Richland County, ND	353	123	34.84%
North Dakota	20,634	6,688	32.41%
United States	8,151,928	3,938,693	48.32%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract → [Show more details](#)

Percentage of Population Age 3-4 Enrolled in School



Child Abuse & Neglect

Children Abused and Neglected

Location	Data Type	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Minnesota	Rate	NA	NA	NA	6.8	5.6	4.9	4.3	3.7	3.5	3.5
Wilkin	Rate	NA	NA	NA	1.0	0.0	1.0	0.7	0.0	1.3	5.7

Victims of Child abuse or Neglect- Services Required

Location	Data Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
North Dakota	Number	1,295	1,402	1,517	1,616	1,760	1,805	1,981	2,097	1,798	1,614
	Percent	21.1%	22.7%	24.6%	25.3%	27.3%	27.2%	29.4%	28.7%	27.2%	29.0%
Richland	Number	16	29	21	14	11	41	30	30	32	32
	Percent	11.7%	17.0%	19.4%	12.2%	10.4%	25.9%	24.0%	20.4%	20.3%	19.9%



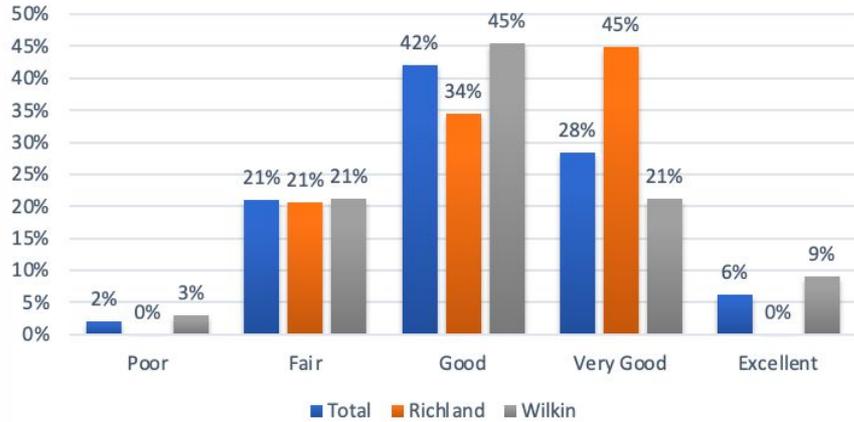
Sanford Health
Community Health
Survey

Description

Sanford Health conducted a community health survey to assess perception of quality and accessibility of healthcare, affordable housing, economic opportunities and other health-related social factors impacting health outcomes in the region

- n= 97 households
- Catchment area: Wilkin County, MN and Richland County, ND (hospital CHNA service area)
- Timeframe: December 2020- February 2021

Quality of Healthcare



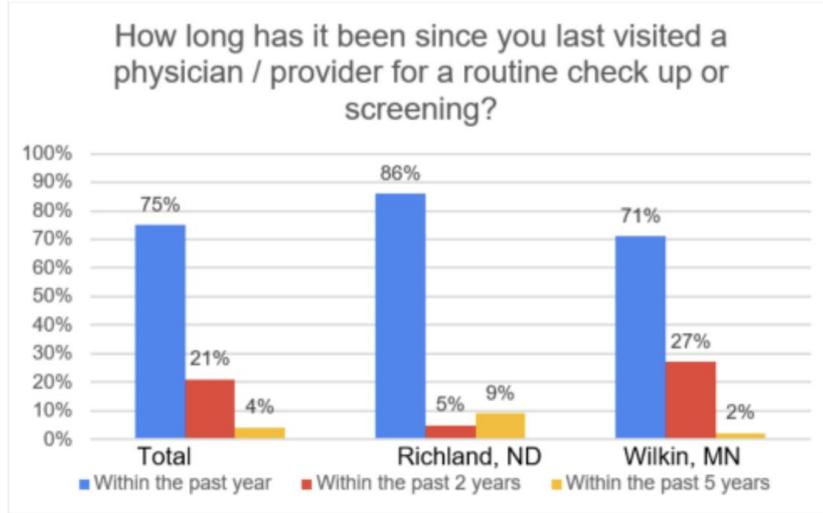
Richland and Wilkin residents were asked to rate the quality of their healthcare within the two counties. The majority of the residents in the two- county area rate the quality of their healthcare as “good, very good, or excellent” (79% in Richland, 75% in Wilkin).

ACCESS TO HEALTHCARE SERVICES

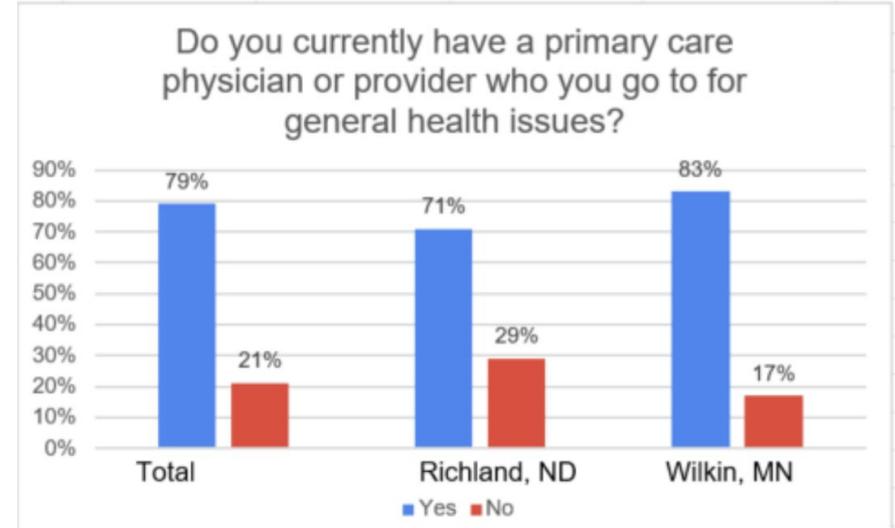


\$25,000 and \$25,000-\$49,999 rated their access as being satisfied (58% Less than \$25,000, and 64% with \$25,000-\$49,999) while \$50,000 and higher rated their access more so “very good” (50% with \$50,000-\$74,999, 54% with \$100,000 or more). Surprisingly, \$75,000-\$99,999 rated more as “good” at 47%.

Last Routine Visit/ Preventive Screening Primary Care Home

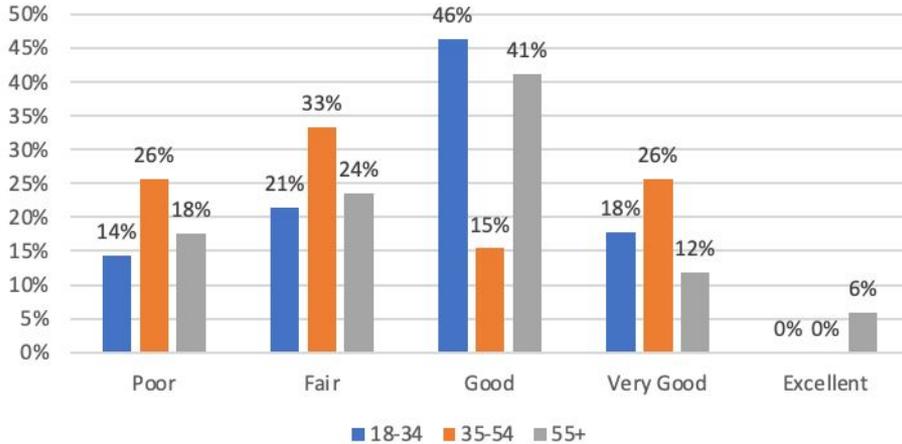


Three quarters (75%) of Richland and Wilkin County respondents have accessed preventive healthcare services in the past year. In Wilkin County, 27% of respondents accessed preventive care in the last two years and 9% of Richland County respondents have not received a routine check-up or health screening within the past five years.



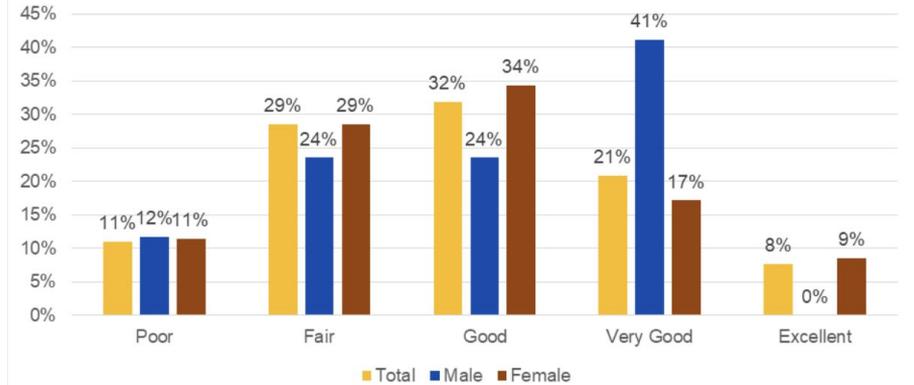
One in five (21%) of respondents in the two county area do not have a primary care provider and almost one in three respondents (29%) in Richland County do not have a primary care medical home.

Affordable Housing



Richland and Wilkin County survey respondents differed in their perception of affordable housing by age strata. Over half of respondents (59%) between the ages of 35-54 characterized access to affordable housing as 'fair' or 'poor.' By contrast, 64% of respondents between the ages of 18-34 rated access to affordable housing as 'good' or 'very good.'

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?



Slight differences in the perception of employment and economic opportunities were observed by gender. A slightly higher proportion of male respondents characterized economic and employment opportunities as "good," "very good," or "excellent," (65% male, 60% female).

ACCESS TO HEALTHY AND NUTRITIONAL FOOD

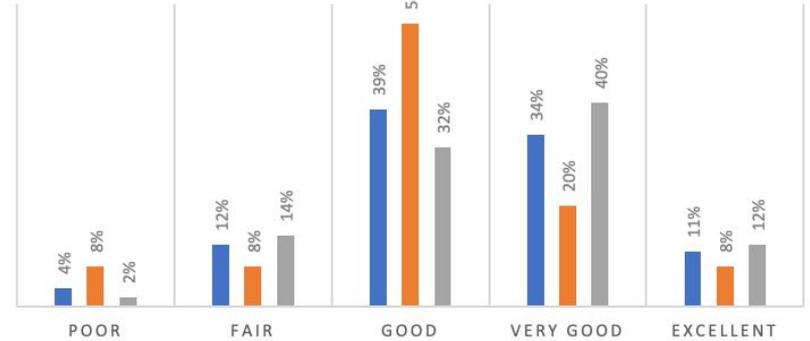
■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent



Unsurprisingly, survey respondents reporting lower income levels, tended to rate their access to healthy and nutritious foods as fair (33% individuals earning less than \$25,000 annually, compared to only 7% of individuals with annual incomes in excess of \$100,000).

QUALITY OF CHILDCARE

■ Total ■ Richland ■ Wilkin

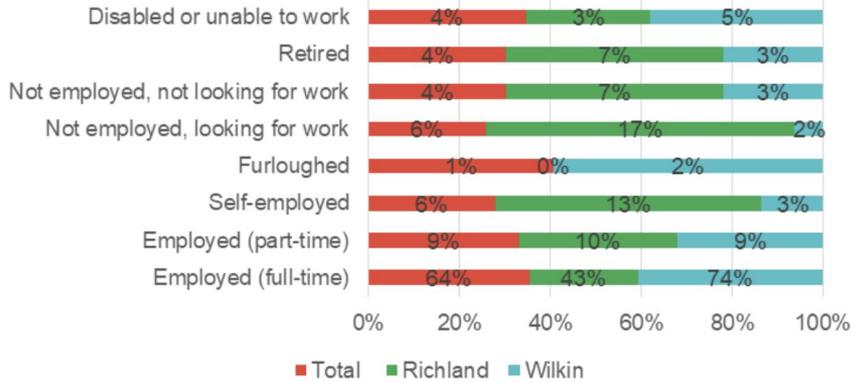


Within the responses between Richland and Wilkin, the majority of residents in both counties are satisfied with the quality of childcare (84% in Richland, 82% in Wilkin). Within both counties 16% of respondents are not satisfied with childcare.

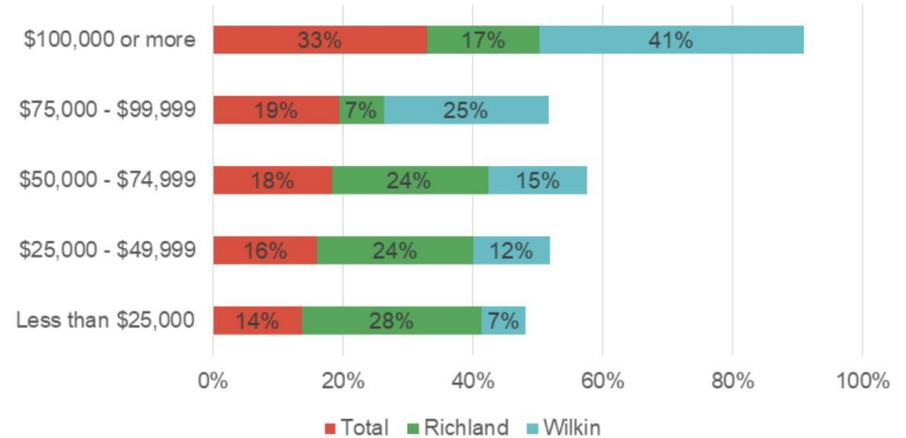
Demographics

n= 97 households
Dec 2020- Feb 2021

Your current employment status is best described as:

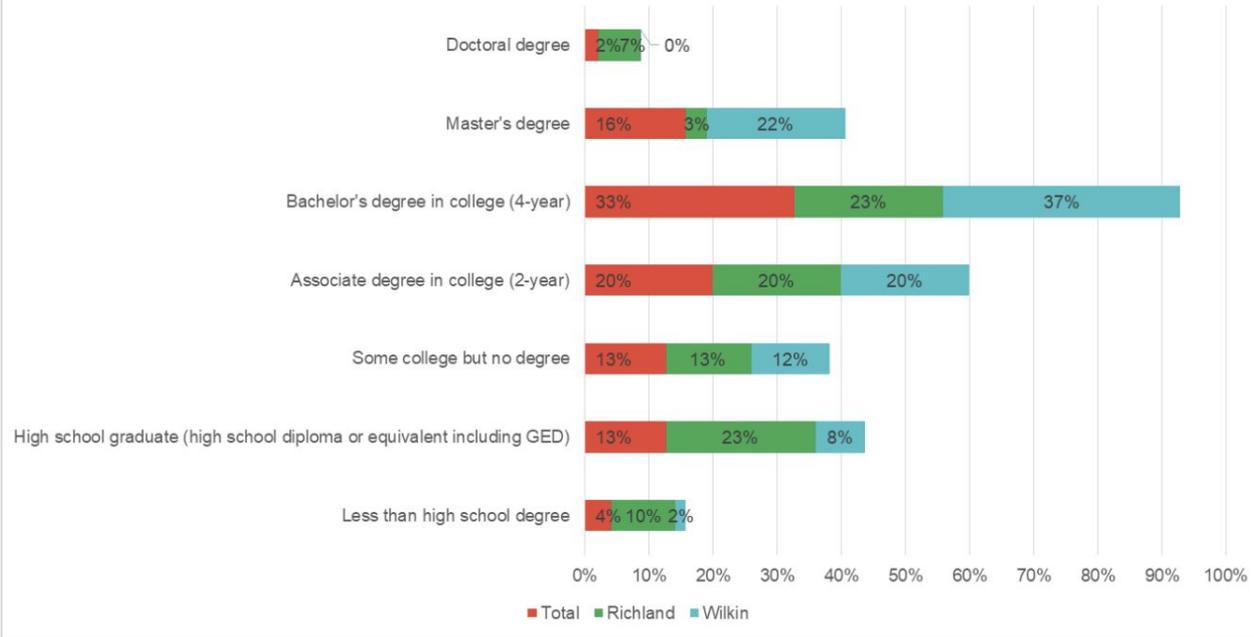


What is your total household income from all sources?



Demographics

What is the highest level of school you have completed or the highest degree you have received?



Discussion

1. What stood out to you from the information presented? What surprised you?
2. What data is consistent with what you are seeing/ hearing from the clients/ patients you serve?
3. Is there anything we haven't touched on that you feel is an unmet health need?
4. What existing assets/ opportunities can we leverage to improve physical/ mental health and wellbeing in our community?

[Discussion Guide](#)

Setting Priorities

- General Guidelines:
 - severity of the health issue
 - population impacted (making special consideration to **disparities and vulnerable populations**)
 - trends in the data
 - existing partnerships
 - available resources
 - hospital's level of expertise
 - existing initiatives (or lack thereof)
 - potential for impact
 - community's interest in the hospital engaging in that health area



Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4

Vote on Community Health Priorities FY23-25

Using the criteria we just reviewed together, what do you think is the top health need we should focus on in Richland and Wilkin County over the next three years?

Next Steps

- CHI St. Francis Health- Internal De-brief- April/ May 2022
- Present FINAL CHNA to CHI St. Francis Health Board- TBD
- Reconvene CHNA stakeholder group for Implementation Strategy Planning- April- July 2022



Thank you!

For questions, contact:

Ashley Carroll, Division Manager of
Community Benefit & Advocacy, CHI Health

Ashley.Carroll@CHIHealth.com

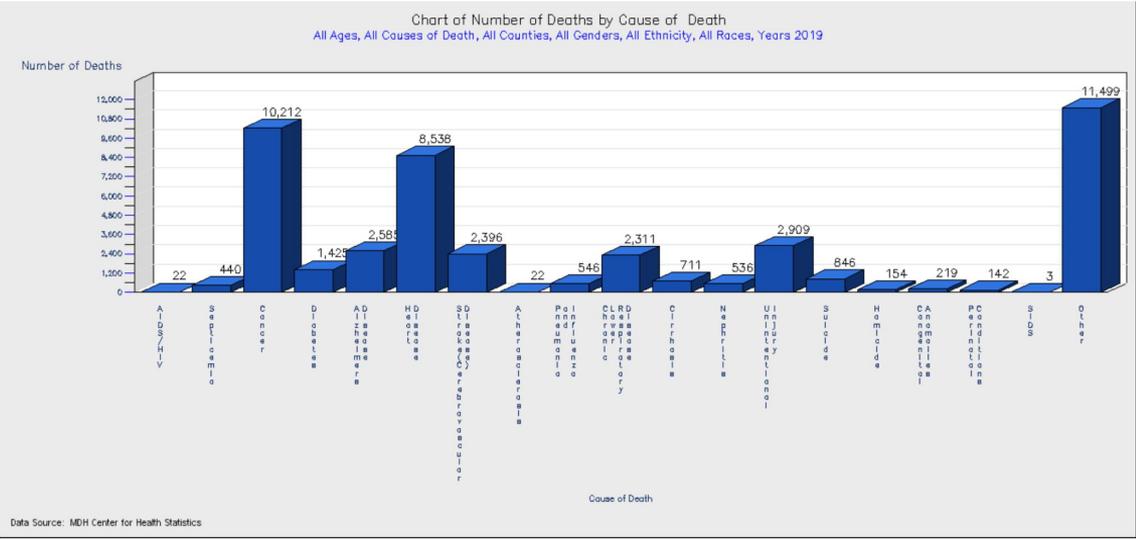
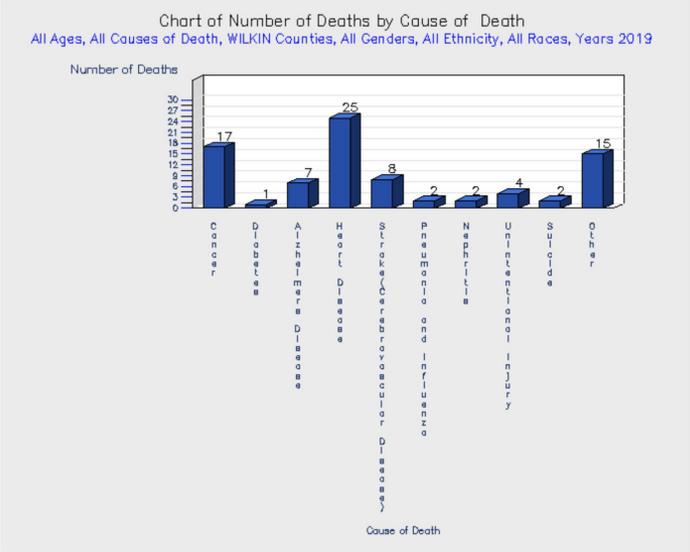
Appendix

Top Causes of Death- State of ND & Richland County

	Deaths and Age Adjusted Death Rate by Cause, 2013-2017			
	Richland County		North Dakota	
	Number	Adj. Rate	Number	Adj. Rate
All Causes	709	513.8	30,758	760.2
Heart Disease	148	103.3	6,545	115.5
Cancer	151	103.1	6,284	161.1
Stroke	44	27.4	1,535	35.2
Alzheimer's Disease	36	22.6	2,118	44.9
COPD	22	15.9	1,674	39.8
Unintentional Injury	38	37.7	1,695	47.6
Diabetes	8	6.7	911	22.8
Pneumonia and Influenza	16	11.6	823	19.0
Cirrhosis	10	9.2	429	13.2
Suicide	11	12.3	671	20.9
Hypertension	9	5.5	483	11.05



Top Causes of Death- State of MN & Wilkin County



Adverse Childhood Experiences

14% of 9th and 11th grade MN students have 3 or more ACEs

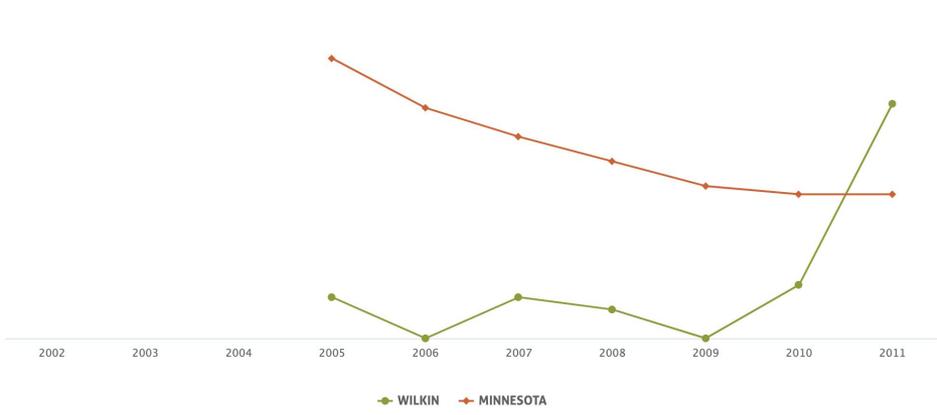
TABLE 18
ADVERSE CHILDHOOD EXPERIENCES*

Minnesota Statewide Data

		Grade		
		8th	9th	11th
		%	%	%
Do you live with anyone who drinks too much alcohol?	Yes	10%	11%	12%
	No	90%	89%	88%
Do you live with anyone who uses illegal drugs or abuses prescription drugs?	Yes	5%	6%	6%
	No	95%	94%	94%
Do you live with anyone who is depressed or has any other mental health issues?^	Yes	24%	27%	29%
	No	76%	73%	71%
Does a parent or other adult in your home regularly swear at you, insult you or put you down?	Yes	15%	16%	14%
	No	85%	84%	86%
Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?	Yes	14%	13%	12%
	No	86%	87%	88%
Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?	Yes	8%	8%	7%
	No	92%	92%	93%
Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?^^	Yes	4%	5%	6%
	No	96%	95%	94%
Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?^^	Yes	3%	3%	3%
	No	97%	97%	97%
Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?^^^	Yes		1%	2%
	No		99%	98%
ACEs Score-short^^^	None	54%	51%	50%
	One	23%	23%	25%
	Two	11%	11%	12%
	Three	6%	6%	7%
	Four or more	7%	8%	7%

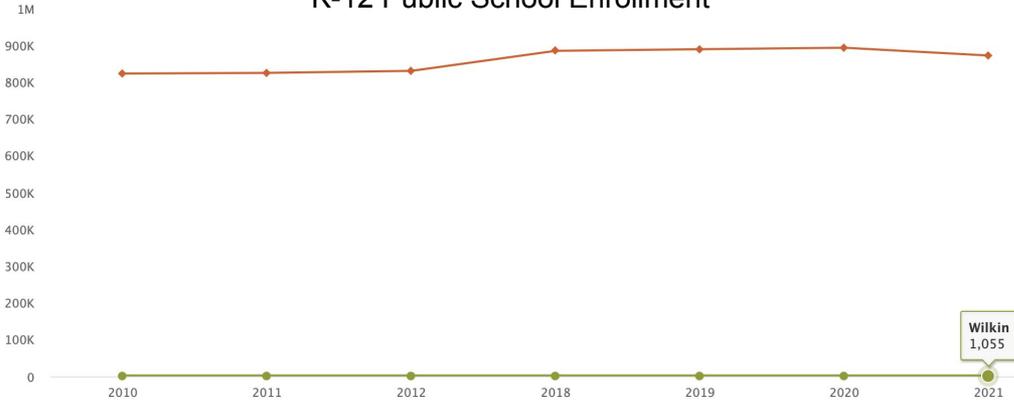


Child Abuse & Neglect

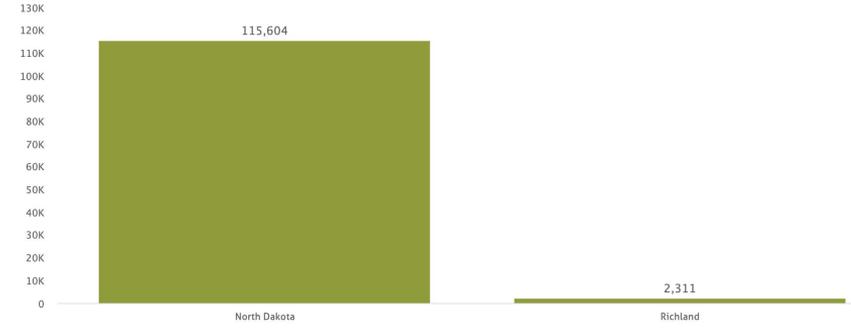


Early Childhood Education

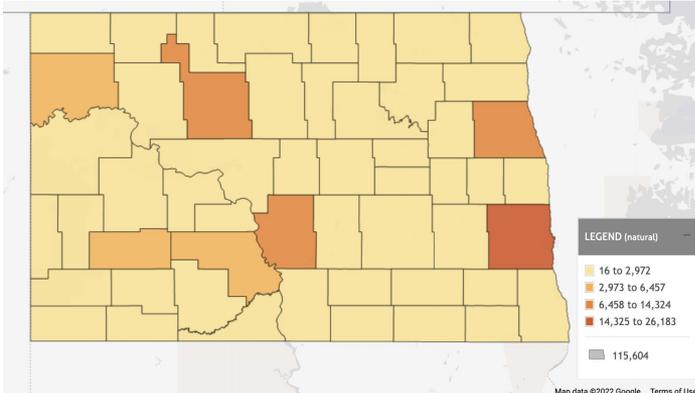
K-12 Public School Enrollment



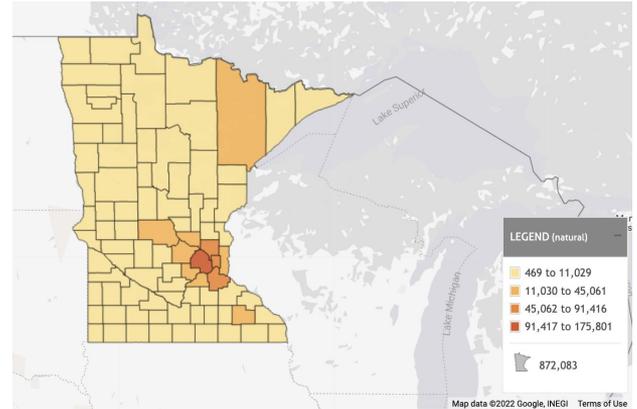
Average Daily Membership of Public Schools



WILKIN MINNESOTA



TOTAL



C. Richland and Wilkin Counties- 2018/ 2021 Community Health Scorecard

Community health data from publicly available data sources was collected and analyzed to identify trends from the previous CHNA cycle and to make comparisons by county, state and national averages, where data was available. The Community Health Scorecard was presented to stakeholders participating in the March 18, 2022 CHNA convening.

CHI Health St. Francis Community Health Needs Assessment

Health Need	Richland		Wilkin		ND	MN	US	
	2019	2021	2019	2021	2021	2021	2018	2021
County Ranking for Health Outcomes Length & Quality of Life	22 of 53	20 of 53	50 of 87	60 of 87				
County Health Ranking for Health Factors Behaviors, clinical care, socioeconomic, and environmental factors	16 of 53	22 of 53	20 of 87	27 of 87				
Premature Death: yrs of potential life lost before age 75 per 100,000 population	8,200	7,800	6,400	7,800	6,600	5,300	5,300	
Poor physical health days: # physically unhealthy days in past 30 (age-adjusted)	2.7	3.4	3.0	3.4	3.2	3.1	3.0	
Poor mental health days: # mentally unhealthy days in past 30 (age-adjusted)	2.6	3.6	3.0	3.8	3.8	3.5	3.1	
Behavioral Health: Ratio of MH providers to population	8,200:1	5,390:1	580:1	440:1	510:1	370:1	270:1	
Health Behavior: Smoking	17%	20%	14%	19%	20%	16%	14% ¹	14%
Health Behavior: Obesity	33%	37%	31%	33%	34%	29%	26% ¹	42.4%
Health Behavior: Physical Inactivity	24%	27%	27%	33%	23%	20%	19%	
Health Behavior: Excessive Drinking	24%	22%	23%	24%	24%	23%	13% ¹	7%
Aging: Percent of population age 65 and older	16.3%	18.7%	18.7%	19.7%	15.7%	16.3%	14.5%	16.5%
Access to Care: Ratio of Primary Care Physicians	6,358:1	1,080:1	1,635:1	N/A	650:1	1,120:1	1,031:1 ¹	
Clinical Care: Preventable Hospital Stays* not comparable; diff metrics used 2018/2021	6,500 ⁶	5,169	5,136 ⁶	7,302	4,037	5,826	4,475 ⁶	2,865
Clinical Care: Mammography Screening	67%	55%	52%	49%	53%	45%	51%	
Maternal & Child Health: (Low birth weight)	6%	6%	5%	5%	6%	7%	6%	
Maternal & Child Health: Teen births per 1,000 females (15-19 years old)	16	8	11	10	20	13	12	
Maternal & Child Health: Child abuse & neglect* Confirmed cases per 1,000	9.05	9.03 ³	N/A	5.7 ²	8.89 ³	6.6 ⁵	9.0	9 ⁴
Violent Crime Rate per 100,000 population	95	129	111	101	258	236	62	
Injury deaths	37	64	62	70	71	67	41.9	49.4
Social Determinants of Health (SDOH)								
Access to Health Care: % of pop uninsured	8%	14%	5%	4%	15%	5%	6%*	10.2%
Education: % of pop age 25+ with high school diploma	82%	91%	98.2%	95%	93%	93%	94%	
Unemployment: % pop 16+ unemployed & seeking employment	2.8%	2.3%	3.3%	3.4%	2.4%	3.2%	4%	4.2%
Food Insecurity: % of households experiencing during past year	7%	5%	9%	9%	7%	8%	10%	10.5%
Children Eligible for Free & Reduced Price Lunch	42%	34%	33%	41%	31%	36%	52.61	49.6%
Housing Cost Burden: % of households where housing costs > 30% of total household income	10%	8%	8%	5%	10%	11%	32.9%	30.9%
Poverty: persons in poverty (below 100% FPL)	N/A	9.4%	N/A	8.3%	10.2%	8.3%	15.1%	13.4%
Children in Poverty: Children living below 100% of FPL	12%	14%	12%	11%	11%	11%		

CHI Health St. Francis Community Health Needs Assessment

Footnotes:

- Indicates County Health Rankings measure of top US performers¹
- Data taken from Kids Count Data Center (2011 data)²
- Data taken from Kids Count Data Center (2020 data)³
- Data taken from Kids Count Data Center (2019 data)⁴
- Data taken from Kids Count Data Center (2016 data)⁵
- Data taken from County Health Rankings (2017 data)⁶

Requirements:

- Non-profit hospitals are required to engage in activities that benefit the community
- Complete a Community Health Needs Assessment (CHNA) every three years
- Subsequently write an Implementation Strategy Plan (ISP) to prioritize and address top health needs identified in CHNA

Data sources:

- Robert Wood Johnson's County Health Rankings & Roadmaps (www.countyhealthrankings.org)^{1,6}
- CARES Engagement Network www.communitycommons.org
- Annie E. Casey Foundation Kids Count Data Center <https://datacenter.kidscount.org/>^{2,3,4,5}
- U.S. Census Bureau QuickFacts <https://www.census.gov/quickfacts/fact/table/richlandcountynorthdakota,US/PST045221>
- CHI St. Francis Health <https://www.sfcare.org/en/our-community/community-health-needs.html>